TELEMETRY EXAM

1. Match the numeral in the right column with the correct drug in the left column.
   a. Pronestyl
   b. Digitalis
   c. Potassium
   d. Inderal
   e. Dopamine

   1. Hypotension
   2. Tachycardias
   3. Assists in repolarization
   4. Ventricular dysrhythms
   5. Heart failure

2. The pharmacological antidote for Coumadin is:

3. The pharmacological antidote for heparin is:

4. Calan, nipride, nitrostat, hyperstat, and apresoline all have this action in common:

5. This drug competes for the same binding site on the cell membrane ad digoxin, and when administered concurrently with digoxin potentiates toxicity:
   a. Inderal
   b. Quinidine
   c. Dopamine
   d. Procardia

6. Which of the following is used for the prevention and/or elimination for ventricular irritability following an acute MI?
   a. Lanoxin
   b. Isuprel
   c. Lidocaine
   d. Procardia

7. The drug group that reduces venous return, increases myocardial perfusion, and decreases myocardial workload:
   a. Antihypertensives
   b. Anticholinergics
8. Wheezing, bradycardias, hypotension, and rales are all potential side effects of:
   a. Digoxin
   b. Pronestyl
   c. Verapamil
   d. a & b

9. The drug indicated for symptomatic hypotension is:
   a. Adrenalin
   b. Isuprel
   c. Atropine
   d. Dopamine

Mr. Fudd, a 53 year old Executive, decides to vacation in Florida. After a period of inactivity (desk job) he plays three sets of tennis. During the third set he experiences crushing chest pain. After resting for 5 to 10 minutes, his chest pain is alleviated.

10. Which of the following should be included when collecting data?
    a. Location of pain
    b. Duration of pain
    c. Intensity of pain
    d. Alleviation of pain
    e. All of the above

11. Chest pain is a symptom of:
    a. Acute MI
    b. Angina
    c. Pericarditis
    d. All of the above

12. The pathophysiology of angina is:
    a. General coronary artery disease
    b. Necrosis of myocardial tissue
    c. Sustained coving of ST segment
    d. Decrease in myocardial oxygen demand

13. Which of the following is the most important factor in the differential diagnosis of chest pain?
    a. Location of pain
    b. Duration of pain
    c. Quality of pain
    d. Blood pressure and heart rate
Mr. Emo, an Advertising Executive, presents with substernal crushing chest pain unrelieved after 30 minutes and is associated with nausea, vomiting and diaphoresis.

14. ______ isoenzyme elevates within 2 to 4 hours after the onset of chest pain in the setting of an acute MI.
   a. LDH
   b. SGOT
   c. CPK
   d. Increased cardiac output

15. Mr. Emo's 12 lead EKG displays ST elevation (current of injury) in his inferior leads. These changes are seen in leads:
   a. V1-V4
   b. AVL, AVR, V5-V6
   c. II, III, AVF
   d. I, AVL, V5-V6

16. The inferior wall receives its blood supply from:
   a. The right coronary artery
   b. The mammary artery
   c. The pulmonary artery
   d. The left coronary artery

17. You notice a change in his heart rate. His monitor reveals a complete heart block with a ventricular rate of 40. His blood pressure is 80/50. What is your most important nursing action?
   a. Administer isuprel 2 mg IVP
   b. Administer adrenalin 1:1000 IVP
   c. Administer atropine 1 mg. IVP
   d. Institute a dopamine drip at 2 mcg/kg/min

Mrs. Phillips sustained an AWMI 7 days ago. She has had an uneventful recovery until today when she developed left ventricular failure.

18. Your findings upon assessment of Mrs. Phillips are:
   a. Distended neck veins, generalized edema, nocturnal SOB
   b. Decreased urinary output, bibasilar rales, and hypotension
   c. Cyanosis, myxedema, and lethargy
   d. None of the above
19. Which of the arrhythmias are commonly seen with heart failure?
   a. Junctional arrhythmias
   b. Bradycardias
   c. Tachycardias
   d. Heart blocks

20. The two actions of digoxin are:
   a. Increase in contractility and decrease in heart rate
   b. Stimulate the SA node and decrease heart rate
   c. Suppress slow cells in the AV node and decrease the heart rate
   d. Increase AV conduction and increase heart rate

21. Mrs. Phillips is on quinidine. Which of the following nursing measures will prevent the development of Torsades de pontes?
   a. Accurate I & O
   b. Measurement of the QRS duration
   c. Measurement of the QT interval
   d. Measurement of the ST segment

22. Potassium is classified as a myocardial:
   a. Stimulant
   b. Depressant
   c. Antihypertensives
   d. Vasodilator

23. Procardia is classified as:
   a. Class 1a antiarrhythmic
   b. Calcium antagonist
   c. Beta blocker
   d. Alpha stimulator

24. Since left ventricular failure is an anticipated event in the setting of an acute AWMI, which nursing measures should be performed to recognized early CHF?
   a. Accurate I & O
   b. Daily weight
   c. Auscultation of breath and heart sounds
   d. Insertion of a swan-ganz catheter
   e. All of the above
   f. All but d
25. Mrs. Phillips is diuresed with lasix and she develops ventricular bigeminy. Which of the following would be the most probable cause for her arrhythmia?
   a. Hyperkalemia
   b. Hypokalemia
   c. Hypocalcemia
   d. None of the above

26. Using the above telemetry strip, what is the rhythm?

27. Using the above telemetry strip, does the patient need Lidocaine?
28. Using the above telemetry strip, Frontal Plane QRS Axis equals:

   a. 90 degrees - KH  
   b. +50 degrees - KH  
   c. +30 degrees - KH  
   d. 0 degrees – KH

29. Using the above telemetry strip, LBBB is recognized by:

   a. QRS duration >0.12s  
   b. monophasic R waves in I & V6  
   c. terminal QRS forces oriented leftwards & posterior  
   d. all of the above

______________________________     _______________________
Signature                        Date