BKAT Exam Test Graded A+

What to do first if patient has chest pain. - ANSWER Rest

ECG changes in an acute MI - ANSWER ST elevation in 2 or more contiguous leads. Ischemia d/t full thickness loss of muscle. EMERGENCY.

Inferior leads - ANSWER II, III, aVF. RCA occlusion.

Septal leads - ANSWER V1 & V2.

Anterior leads - ANSWER V1 - V4. LAD lesion.

Lateral leads - ANSWER V5, V6, I, and aVL. Circumflex lesion.

Cardiac enzymes - ANSWER Troponins, CK-MB, and CK

Changes in CK - ANSWER Rise: 3-6 hours

Peak: 24 hours

Normal: 3-4 days

Changes in CK-MB - ANSWER Released after myocardial necrosis. Specific for myocardial damage.

Rise: 3-12 hours

Peak: 24 hours

Normal: 2-3 days

Troponin I - ANSWER Protein found in cardiac muscle. High sensitivity.

Rise: 3-12 hours

Peak: 24 hours

Normal: 5-10 days

Troponin T - ANSWER Protein found in cardiac muscle. High sensitivity.

Rise: 3-12 hours

Peak: 12-48 hours

Normal: 5-14 days

Common conditions that cause a murmur - ANSWER Aortic dissection, aortic regurgitation (both acute & chronic), mitral valve regurgitation (both acute & chronic), mitral valve stenosis

Drugs to decrease afterload/SVR/PVR - ANSWER (Arterial Dilators) Nitroprusside, nitroglycerin, amrinone, alpha (Regitine) & Ca channel blockers

Drugs to increased afterload/SVR/PVR - ANSWER (Vasopressors) Epinepherine, norepinepherine, dopamine, neosynephrine

Drugs to decrease contractility/SVI - ANSWER Beta blockers (atenolol, metoprolol, propranolol, labetolol, esmolol) and Ca channel blockers

Drugs to increase contractility/SVI - ANSWER Positive inotropes, dobutamine, dopamine, milrinone, and digoxin

Drugs to decrease preload/CVP/PAWP - ANSWER Venous Dilators - Nitroglycerin, nitroprusside, amrinone, alpha & Ca channel blockers

Diuretics - Furosemide, bumex, mannitol

Drugs to increase preload/CVP/PAWP - ANSWER Volume - Colloid, crystalloids, blood, hetastarch

Dysrhythmia control - antirhythmics, pacemaker, AICD

Complications when using thrombolytics - ANSWER Allergic reaction, bleeding/hemorrhage, stroke

Failure to capture - ANSWER Pacer delivers a stimulus at the appropriate time but no depolarization occurs. No P or QRS wave after pacer spike.

Failure to fire/pace - ANSWER No pacer spikes seen

Failure to sense - ANSWER Pacemaker does not detects heart's intrinsic activity or interprets noncardiac activity as intrinsic activity. Spikes in inappropriate times.

Normal PR - ANSWER 0.12 - 0.20

Normal QRS - ANSWER 0.04-0.10

Normal QT - ANSWER Less than 0.48. Varies by age, HR, and gender.

Vasopressors - ANSWER Epinepherine, norepinepherine, dopamine,