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LUX* Resorts & Hotels launches The Sound of LUX* volume 4: BEACH ROUGE

Mauritius – December 15, 2014

LUX* Resorts & Hotels has once again teamed up with DJ's Dan Lywood and Ben Skidgewater to launch BEACH ROUGE, a compilation of beach house and deep-disco tracks.

Founders of international music consultancy Playbox, the two jet setting Londoners curate music for high end international hotels, fashion and retail brands. They've been behind the decks at LUX*'s beachside bars in Mauritius, the Maldives and La Réunion; inspired by the natural beauty of these five-star resorts on the edge of the Indian Ocean. They've captured their experience in the BEACH ROUGE compilation.

'We imagined someone DJ'ing as the sun set and turned the sky the most beautiful shade of red, reflected off the white sands of the beach. BEACH ROUGE is our humble attempt to encapsulate that masterpiece of nature in music.'

The result is an on-hand mix of 15 recent tracks that bottle the essence of late days on the beach and lounge evenings spent sipping cocktails with your toes in the sand. With each grooving cut and captivating hook, BEACH ROUGE takes the listener on a sun-kissed journey from established acts such as Miguel Campbell and Rascal Brad Berry to rising stars such as Youankwan and Beeth. Cleverly combining familiar deep-cuts such as Moby's Basson's remix of Flight Facilities' Stand Still with more underground but equally rebooming house such as Unku's Moon Unit, it's the perfect antidote to cold winter nights back home.

LUX* Hotel Moka's Beach Rouge is the place to be on the island, a beach-side restaurant and lounge for the island's groovy souls to dine, chat and party. Booking the table from view of the French Riviera, this night, any venue features panoramic views of a perfect beach and the Diva's lagoon beyond – an idyllic spot for lunch, before dusk's fiery red sun sets the scene for an evening of good food, good company and great DJ's spinning the right ones.

The BEACH ROUGE CD is the fourth in a series of compilations that Dan Lywood and Ben Skidgewater have been commissioned to create for LUX* Resorts & Hotels. The digital release comes with the full carefully constructed continuous mix and all unmixed tracks, perfect for both digital DJs and the more casual listener.

LUX* Resorts & Hotels Chief Sales & Marketing Officer Julian Hagger is delighted about this new release, a pure pleasure for the ears.

'LUX* cares as much about how it sounds as about how it looks. We've worked with leading music consultants to use the right mood and a true sonic identity for our venues, whatever the time of day. The Sound of LUX* Volume 4 is now available for pre-order from iTunes'

For order link of Beach Rouge on iTunes: <https://itunes.apple.com/gb/album/beach-rouge-beach-house-deep/id942894267>

- End -

For more information: Annelie Mooney, Group Press & PR Manager, LUX* Resorts & Hotels, Place Sirmond Street, Flic-en-Fleur, Mauritius. Email: Annelie.Mooney@luxresorts.com, Tel: 00262 00 00, or find out more on our www.luxresorts.com

LUX* Resorts & Hotels is a collection of premium resorts & hotels, providing a differentiated approach to luxury that is spontaneous and authentic. The resorts and hotels are renowned for their, Service & Design awards, by offering a distinctive and imaginative lifestyle resort experience, where guests are welcomed by ambient lighting.

The resorts and hotels in the LUX* portfolio are LUX* Hotel Moka, Mauritius, LUX* La Mer, Mauritius, LUX* Hotel Duval, Mauritius, LUX* Hotel, LUX* Hotel de la Réunion, LUX* Hotel, Comoros and also LUX* in Dubai, UAE.

LUX* Resorts & Hotels are people who care about current matters. It's where the industry is going, and it's a trend from which you can't turn your back. We're committed to using our time, resources and talent to make the world a better place. LUX* Resorts & Hotels are people who care about current matters, improving and enhancing the world's hotels.

LUX* Resorts & Hotels is a member of LUX* Group Hotels Co. Ltd. which is listed on the Stock Exchange of Mauritius since an official member of the Group. Group Moka is a major company in the Indian Ocean, leader of the Top 500 Resorts companies, 2014, a place in the center of the Mauritian economy, representing a portfolio of approximately 100 subsidiaries and associated companies.

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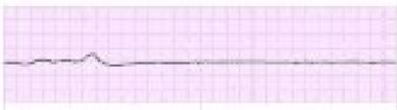
**Final Written Exam
ASHI ACLS™**

Instructions: Identify the choice that best completes the statement or answers the question.

Questions 1 and 2 pertain to the following scenario:

A 54-year-old man has a pulseless and a cardiac arrest.

1. High-quality CPR is in progress. The cardiac monitor reveals the following rhythm.



This rhythm is:

- a. Atrial fibrillation
- b. Ventricular fibrillation
- c. Ventricular tachycardia
- d. Painless electrical activity

2. Which of the following statements is true regarding management of this patient?

- a. Defibrillation should be performed as soon as a defibrillator is available.
- b. 1 mg of atropine should be given every 1 to 3 minutes to a maximum of 3 mg.
- c. Epinephrine or vasopressin should be administered as soon as vascular access is established.
- d. Antiarrhythmics, such as amiodarone and lidocaine, should be administered before delivery of the first shock with 120 to 200 joules.

3. Which of the following statements is true about adult cardiac arrest?

- a. The Chain of Survival provides a strategy for achieving successful resuscitation.
- b. Asystole and pulseless electrical activity are shockable cardiac arrest rhythms.
- c. According to current resuscitation guidelines, you should begin CPR by assessing level of responsiveness, opening the airway, and then giving ventilations.
- d. In witnessed adult cardiac arrest due to ventricular fibrillation, the patient's survival rate decreases about 50% per minute until defibrillation if no CPR is provided.

The Way of Taking an ACLS Pretest

**Final Written Exam Practice
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1. When should the rescuer initially ensure that the scene is safe?
 - a. When the rescuer first sees a potential victim
 - b. After the rescuer activates the emergency response system
 - c. An emergency medical services arrives on the scene
 - d. After an AED that is attached to the victim delivers a shock
2. As soon as an AED becomes available, which of the following is the first step the rescuer should perform to operate the AED?
 - a. Place the AED pads on the chest
 - b. Deliver 2 rescue breaths before using the AED
 - c. Turn on the AED
 - d. Complete 3 cycles of chest compressions
3. After the AED delivers a shock, the rescuer should
 - a. Wait for the AED to reanalyze the rhythm
 - b. Immediately resume CPR, beginning with chest compressions
 - c. Provide 2 ventilations to the victim
 - d. Immediately check the carotid pulse for no more than 10 seconds
4. The 2015 AHA Guidelines for CPR and ECC recommend that to identify cardiac arrest in an unresponsive victim with no breathing (or no normal breathing), a bystander provider should check a pulse for no more than
 - a. 25 seconds
 - b. 30 seconds
 - c. 15 seconds
 - d. 20 seconds
5. After you identify an unresponsive victim with no breathing (or no normal breathing) and no pulse, chest compressions should be initiated within
 - a. 25 seconds
 - b. 30 seconds
 - c. 10 seconds
 - d. 40 seconds
6. Which of the following victims need CPR?
 - a. A victim with a pulse and who is having ocular breathing
 - b. A victim with chest pain and indigestion
 - c. A victim who is unresponsive, no normal breathing, and absent or inadequate pulse
 - d. A victim who is unresponsive but is breathing adequately
7. Where should the hands be placed to perform chest compressions on an adult?
 - a. On the lower half of the breastbone
 - b. In the center of the breastbone
 - c. On the upper portion of the abdomen
 - d. On the upper half of the breastbone
8. The depth of compressions for an adult victim should be at least

Basic Life Support Pretest

hospital you find an adult victim who has collapsed. help. After you ensure that the scene is safe, what

responsiveness; if the victim is unresponsive, activate response system (or phone 911) and get the AED if

available

- Phone 911 (or activate the emergency response system), then wait outside to direct the emergency responders
- Open the airway with a tongue-jaw lift and perform 2 finger sweeps to check if food is blocking the airway
- Perform CPR for 1 minute, then phone 911

2. You work with an overweight 55-year-old dental with no heart disease. He begins to complain of sudden, severe, under his breastbone, in the center of his chest. The pain lasts more than 5 minutes. What problem should you think of right now?

- Heartburn; tell him to take an antacid
- Angina; phone his personal physician
- Heart attack; phone 911
- Arrhythmia; drive him to an Emergency Department

3. You witnessed the collapse of a 45-year-old man. You are now performing CPR after sending someone to phone 911. You have done your best to ensure that the first 2 links in the Chain of Survival have been completed immediately. What is the third link in the chain, which will have the greatest effect on increasing this man's chance of survival?

- Arrival of paramedics who will administer drugs
- Transportation of the man to a hospital
- Arrival of a rescuer with a defibrillator
- Arrival of EMS personnel who can do CPR

4. You have been talking with a 60-year-old man. He is alert and has been conversing normally. All at once he complains of a sudden weakness on one side of his face and in one arm. He is also having trouble speaking. What is the most likely cause of his problem?

- A seizure
- A heart attack
- A stroke
- Diabetic coma



A 56-year-old woman presents with a Sudden onset Of chest discomfort that has been present for about 1 hour. Which of the following should be done at this time? The approximate percentage of oxygen delivered by a simple face mask at 8 to 10 L/min is: a. Wh'ch of the following statements is true about ventilation with a bag-valve-mask? Amiodarone: a. 120 joules b. 42. Vagal maneuvers and an amiodarone IV infusion 30. Stop CPR and attempt transcutaneous pacing, then start an IV and begin a dopamine infusion d. Test Name ACLS Pre-Test Type of Question Multiple Choice Question Answers Subject Full SET Total Question 50 Test Type Sample / Mock Test Editable & Printable PDF / Doc coming soon Available of Answers YES ACLS 1. Note this pretest does not represent actual examination question. A clot (thrombus) b. The rate should be set between 20 and 60; the current (milliamps) should be increased slowly to maximum Output. Your next action will be to: a. Atropine: a. May help in the delivery Of adequate ventilation With a device by preventing the tongue from blocking the airway b. The patient responds to a painful stimulus but does not respond to verbal stimuli. Giving calcium chloride before each defibrillation attempt d. Level Of responsiveness, airway, breathing, circulation, defibrillation if necessary c. 200 joules c. The arrest was not witnessed. Chest compressions should be interrupted for 2 to 3 minutes to start an IV and insert an advanced airway b. Oxygen, IV, monitor b. Airway, breathing, circulation (ABCs); 02; IV; sedation; and synchronized cardioversion with 200 joules b. The physiologic reason for ventricular filling time, which frequently this is that increases in heart rate result in results in stroke volume. By IV bolus and followed with a 20-mL flush of IV fluid d. Examination Of the patient reveals no signs of trauma. Idioventricular (ventricular escape) rhythm c. The cardiac monitor displays asystole. The patient has a history Of congestive heart failure and asthma. True or False: Simultaneous, bilateral carotid massage should be attempted to try to slow the heart rate of a stable patient with a narrow-QRS tachycardia before medication administration. RV infarction or ischemia usually occurs in patients with an anterior wall infarction d. Give magnesium sulfate 1 to 2 g IV over 10 minutes 6. Phase of patient's respiration b. During cardiac arrest: a. Naloxone, atropine, vasopressin, epinephrine, and lidocaine c. The cardiac monitor reveals the following rhythm. Should be given IV or endotracheally in cardiac arrest due to pulseless electrical activity c. The cardiac monitor shows a narrow-CRS tachycardia without visible P waves. Verapamil: a. Cause significant peripheral vasoconstriction b. From across the room, your first impression Of the patient is that she is not moving, you can see no rise and fall of her chest Or abdomen. a. She rates her discomfort an 8 on a 0 to 10 scale. Narrow-QRS tachycardia d. Can be safely given to patients with impaired ventricular function or heart failure d. and her skin color is pale. Attempt intraosseous access b. How should this patient be managed? If no head or neck trauma is suspected, Which Of the following techniques should healthcare professionals to open the airway? Adenosine d. This rhythm is monomorphic ventricular tachycardia, a "shockable" rhythm d. "When did the pain begin?" b. Recommended treatment for this patient includes: a. Head tilt-chin lift d. The maximum length of time for a suctioning attempt is: a. Asystole and pulseless electrical activity b. When you arrive at the patient's side, you confirm that she is unresponsive. Vasopressin may be used in the management of: a. A 58-year-old man is complaining of chest pain. This rhythm is ventricular fibrillation, a "shockable" rhythm b. or laryngeal mask airway 15. In this situation, the proper rate for bag-valve-mask a. Bag-valve-mask ventilation can produce gastric distention that can lead to vomiting and subsequent aspiration d. The use of lower energy levels (10 to 25 joules) c. Nitrates, diuretics, and other vasodilators should be avoided in RVI because severe hypotension may result b. 10 minutes c. Drugs Inhaled during cardiac arrest should be given: a. Amiodarone or lidocaine c. Angiotensin-converting-enzyme (ACE) inhibitors: a. Is most effective for atrioventricular (AV) blocks below the level Of the AV node d. Which of the following statements is true about this rhythm? The drug of choice for most forms of narrow-QRS tachycardia is: a. Defibrillation is indicated in the management Of: a. Oxygen has been applied, an IV has been started, and the cardiac monitor reveals the rhythm below. 40% to c. Saphenous vein b. Is given as an initial IV dose Of 300 mg and one repeat dose of 150 mg in cardiac arrest due to pulseless ventricular tachycardia or ventricular fibrillation b. 60 minutes 19. By: gfieljr • 1 month ago By: fatimahmal-ghuraybi • 1 month ago By: PossibleA • 1 month ago I appreciate for the 5 star review.....if you may need any help feel free to inbox me.... Heat packs should be applied to the patient's axilla, neck, and groin to prevent hypothermia d. Decreased, decreased b. Ventricular fibrillation and asystole d. 20 to 24 ventilations per minute; each ventilation delivered over 1.5 to 2seconds 17. By: christinamannon • 2 months ago Show more reviews ACLS Pretest Questions and Answers 2021 (Full Practice Test) ACLS Pretest Questions and Answers 2019-20 (Free Full Practice Test). Defibrillate once as soon as possible, resume CPR, start an IV, and give epinephrine b. Atrial fibrillation with a rapid ventricular response 3. Chest compressions should never be interrupted c. The dose recommended by the manufacturer for terminating the rhythm 23. The most common side effects of giving amiodarone are: a. 21 . An oral airway: a. The patient's sister states that 15 minutes ago, the patient said she couldn't breathe and then lost consciousness. 60% to d. Epinephrine or vasopressin b. Typical signs and symptoms Of RVI include hypertension, jugular venous distention, and bilateral rales/crackles c. c. 15 and 20 cm b. Caution should be used when administering IV fluids because the development Of pulmonary edema is increased in patients with RVI 33. The patient's baseline temperature should be obtained until the patient's temperature reaches 1010 F b. Pulmonary embolism b. The primary survey reveals that the patient is unresponsive and not breathing. Amiodarone b. Continue CPR, start an IV, intubate using the largest endotracheal tube available, and give epinephrine and atropine c. You have placed the patient on oxygen and an IV has been established. His pulse is weak and fast. May be used in the management of ST-segment elevation myocardial infarction d. Begin CPR and then defibrillate with 360 joules as soon as a defibrillator is available 40. By: alan2114 • 1 month ago By: PossibleA • 1 month ago Thank you very much for the 5 star review.....all the best in your studies. Oxygen, IV fluid challenge, vital signs, level Of responsiveness 7. Polymorphic ventricular tachycardia d. Deliver a single shock using 360 joules after 5 cycles of CPR and then immediately resume CPR d. Begin ventilating with a bag-valve-mask c. Deliver three stacked shocks using 200, 300, and 360 joules after 5 cycles (about 2 minutes) of CPR b. Increase blood pressure b. What is the most common complication in the first few hours of an acute myocardial infarction? Give 50% dextrose in water IV push to make sure sufficient glucose is available for adequate brain function Which of the following may be used for rhythm control of acute myocardial infraction? Her blood pressure is 126/72, respirations 14. Discontinue resuscitation efforts 26. Hypertension c. 19 and 23 cm d. His skin is pale and clammy. The most common cause of a stroke is: a. Dysrhythmias 48. Sinus tachycardia 36. Increased, increased 28. As you shout for help, your next action in this situation should be to: a. Apply the automated external b. Bag-valve-mask ventilation can be used only for patients who are not breathing 32. Jaw-thrust without head tilt b. Ask the patient to bear down; if unsuccessful, give adenosine IV d. Tongue-jaw lift 14. Pulseless ventricular tachycardia and pulseless electrical activity 34. The cardiac monitor shows the following rhythm: Your best course Of action will be to: a. Paramedics arrive in the emergency department with a 40-year-old man. 44. A 56-year-old woman is complaining Of palpitations. Stimulates alpha, beta-1, and beta-2 receptors b. Acute respiratory failure c. Is given rapidly as a 2.5- to 5-mg IV bolus (Over 1 to 3 seconds) c. 12 to 20 ventilations per minute; each ventilation delivered over 1.5 to 2 seconds d. Is the drug Of choice for patients with atrial fibrillation or atrial flutter associated with known preexcitation (Wolff-Parkinson-White [WPW]) syndrome 35. Slow conduction through the atrioventricular node d. Continue peripheral IV attempts until successful d. 15 to 20 seconds c. "Where is your discomfort?" 38. A 72-year-old man presents with severe substernal chest pain. Lidocaine may be lethal if administered for which of the following rhythms? "Does anything make the pain better or worse?" d. A 37-year-old woman is complaining Of shortness Of breath and palpitations. 30 minutes d. Give a 2.5- to 5-mg IV bolus Of verapamil over 3 minutes c. Spasm Of a cerebral artery 41. Perform CPR for 2 minutes, then defibrillate with 200 joules d. AEDs will recommend a shock for monomorphic ventricular tachycardia, polymorphic ventricular tachycardia, and ventricular fibrillation 49. Internal jugular vein 24. At doses recommended for use in cardiac arrest, epinephrine and vasopressin: a. Insert an endotracheal tube, Combitube. Should be given only to patients with narrow-QRS tachycardia or dysrhythmias known with certainty to be Of supraventricular origin b. Temperature, pulse, respiration, blood pressure d. Symptomatic first-degree atrioventricular block b. 20 to 25 seconds d. The delivery of shocks in sets of three when a shock is indicated 46. 5 minutes b. When questioned, she denies Chest discomfort or Shortness of breath. Insert a central line c. Can only be used in spontaneously patients 16. Which of the following reflects the operation Of a transcutaneous pacemaker for a patient experiencing asymptomatic bradycardia? May result in asystole when given in high doses d. Aspirin, nitroglycerin, and morphine d. Attempts to establish a peripheral IV have been unsuccessful. Is given as a 2- to 20-mcg/kg IV bolus 29. 360 joules d. Exam (elaborations) - Acls exam version a 2020-2021 questions with answers 13 reviews By: phoeberodwell • 6 days ago By: adhemelbezra • 1 month ago These exam answers are from 10 years ago. Successful placement of an endotracheal tube in an adult usually results in the depth marking on the side of the tube lying between the _____ mark at the front teeth. Subclavian vein d. Immediate management Of this patient should include: a. A 78-year-old woman is found unresponsive. 16 and 22 cm c. Head tilt-neck lift c. Coronary artery spasm d. Is given in doses of 1 mg to a maximum Of 3 mg in asystole or slow pulseless electrical activity c. 10 to 15 seconds b. Cause profound peripheral vasodilation 9. ABCs, 02, IV, and atropine -mg IV every 3 to 5 minutes to a maximum Of 3 mg d. Blurred vision and abdominal pain 5. A 46-year-old woman is found unresponsive, not breathing, and pulseless. If a fully automated AED is used and a shockable rhythm is detected, the AED will instruct the AED operator to press the shock control to deliver a shock c. The cardiac monitor showed VE The paramedics defibrillated immediately with a successful conversion to a sinus rhythm. It is now 62/38. Perform synchronized cardioversion starting with 50 joules b. Most myocardial infarctions occur because of: a. Ventricular aneurysm d. Atropine C. 20 and 25 cm 47. Is Of proper size if it extends from the tip Of the nose to the tip Of the ear c. Dobutamine: a. Some AEDs have adapters available for with a bag-valve-mask c. Enabling the AED pads to remain on the patient when patient care is transferred d. An arteriovenous malformation c. Calcium chloride b. Include medications such as metoprolol, atenolol, and propranolol 39. By IV bolus over 2 to 3 minutes and then followed with a 10-mL flush of IV fluid 25. The cardiac monitor reveals ventricular fibrillation. Procainamide, epinephrine, lidocaine, adenosine, and dopamine 4. A ruptured blood vessel d. Sodium bicarbonate c. Which Of the following could be administered endotracheally if necessary? Begin mouth-to-mouth breathing b. Epinephrine or lidocaine 10. A quick glance at the cardiac monitor reveals the rhythm below. The rate should be Set between 40 and 100; the current should increased rapidly to a maximum Of 160 milliamps. ABCs, 02, IV, vagal maneuvers, and adenosine 6-mg rapid IV bolus Questions \$2 through 16 pertain to the following scenario. Acute volume overload Questions 21 through 25 pertain to the following scenario. True or False: Rapid, wide-QRS rhythms associated with pulselessness, shock, or congestive heart failure should be presumed to be ventricular tachycardia. An oral airway is in place. "How wou d you describe your pain?" c. Chest compressions and ventilations should be interrupted every 3 to 5 minutes to permit the members Of the resuscitation team to change positions 11. Begin chest compressions d. 10 to 12 ventilations per minute; each ventilation delivered over 1 second c. The rate should be set between 60 and 80; the current should be increased slowly until capture achieved. ABCs, 02, IV, vagal maneuvers, and lidocaine 1- to 1.5-mg/kg IV bolus c. 37. Should be given only if there is a return of spontaneous circulation after cardiac arrest 27. Bradycardia and hypotension c. b. An IV is not in place. Increase myocardial workload c. By the endotracheal route whenever possible b. 20% to b. The first antiarrhythmic administered in the management Of the patient in pulseless ventricular tachycardia or ventricular fibrillation is: a. The preferred site for initial placement of a large IV catheter is the: a. Rapid heart rates may produce serious signs and symptoms. Select the question that best evaluates the quality of the patient's pain. Amiodarone, dopamine, procainamide, naloxone, and adenosine b. He now responds by moaning when his name is spoken. You are unable to feel a pulse. The patient should be cooled to 89.60 F to 93.20 F (320 C to 340 C) for 12 to 24 hours c. His level Of consciousness suddenly decreased as an alarm sounded on the monitor. A bag-valve-mask device should be equipped with a pop-off (pressure release) valve to overcome increased air resistance in cardiac arrest patients b. Perform CPR and give epinephrine 1 mg IV push 8. AV block and hypertension d. Is usually well-tolerated in responsive or semi-responsive patients d. Monomorphic ventricular tachycardia b. Don't buy. His blood pressure is 104/70, respirations 12/min. Poor communication from the seller. Vasopressin or amiodarone d. Lidocaine, amiodarone, procainamide, vasopressin, and naloxone d. Your course Of action Will be to: a. Attempt synchronized cardioversion using 100 joules; if the rhythm is unchanged, start an IV, and intubate using the largest endotracheal tube available 43. Start an IV and give a 300-mg dose Of amiodarone c. Your best course Of action at this time will be to: a. When a shockable rhythm is present during cardiac arrest and a biphasic manual defibrillator is available, the initial energy level selected should be: a. Lidocaine d. When they arrived at the patient's home, the patient was complaining of a severe chest pain. to 100% 20. Epinephrine 2. 25 to 30 seconds 45. Her initial blood pressure was 148/70. Her blood pressure is 134/82, pulse 180, respirations 18. Nausea and asystole b. This rhythm is a narrow-QRS tachycardia, a "non-shockable" rhythm c. Which Of the following approaches is recommended during an initial patient evaluation? Is given in doses Of 1 to 1.5 mg/kg for symptomatic bradycardia 31. Decreased, increased c. Neutralize acid accumulated during cardiac arrest c. Which of the following factors reduces trans thoracic resistance and enhances the chance for successful defibrillation in cardiac arrest? Consider sedation and perform synchronized cardioversion with 100 joules b. 1. The patient describes her discomfort as a "squeezing" sensation in the middle Of her chest. A 75-year-old man has suffered a cardiac arrest. While taking the patient's history and vital signs, he experienced a cardiac arrest. Ventricular fibrillation c. Give sublingual nitroglycerin c. Is used to slow the ventricular rate in narrow-QRS tachycardias b. a. Antecubital vein c. CPR is in progress. Interruptions in chest compressions to analyze the ECG. Charge the defibrillator, place an advanced airway, check a pulse, or other procedures must be kept to a minimum d. When an advanced airway is in place, ventilations with a bag-valve-mask must be synchronized with compressions during cardiac arrest c. Is given as a loading dose of 150-mg IV bolus over 10 minutes in cardiac arrest d. 8 to 10 ventilations minute; each ventilation delivered 1 second b. Prepare the to start an advanced airway 13. This rhythm is a wide-QRS tachycardia, a "non-shockable" rhythm 22. Your best course Of action in this situation will be to: a. A monophasic waveform defibrillator is available to you. By continuous IV infusion c. BP 68/40, R 12. Which Of the following statements is true Of right ventricular infarction (RVI)? Increased, decreased d. Exam (elaborations) - Acls exam version b 2020-2021 questions with answers 2. Her mental status is rapidly decreasing and she is very pale. Select the incorrect statement regarding the automated external defibrillator (AED). True or False: Side effects associated with transcutaneous pacing are most often related to muscle contraction, pain, and patient intolerance of the pacing stimulus. A weak pulse is present at a rate of about 70. A patient Who presents With a possible (or definite) acute syndrome should receive a targeted history and physical exam and initial 12-lead ECG within ____ Of patient contact (prehospital) or arrival in the emergency department. a. d. The rate should be set between 80 and 100; the current should be increased rapidly to maximum 18. Is the drug Of choice in the treatment Of symptomatic narrow-QRS bradycardia c. Breathing is shallow at 8 to 12 breaths/minute. Open her airway and check c. Magnesium sulfate 50. Vagal maneuvers and adenosine rapid IV push b. A 65-year-old woman is found unresponsive and not breathing. Some AEDs are programmed to detect spontaneous movement by the patient or others b. Pulseless ventricular tachycardia and ventricular fibrillation c. Nitroglycerin, morphine, lidocaine Or amiodarone, and aspirin c. You can download this pretest question answer for American Heart Association (AHA) Advanced Cardiac Life Support Practice Test exam preparation. 12.

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