Question 1. Regarding the characteristic electrocardiogram (ECG) features of supraventricular tachycardia (SVT):
(a) P waves may appear as pseudo r’ or S waves in the QRS complex.
(b) Retrograde P waves can appear before, within or after the QRS complex.
(c) There is QRS concordance in the precordial leads.
(d) Features of pre-excitation may be seen.

Question 2. The following cardiac rhythms are possible differentials for narrow complex tachycardia without apparent P waves:
(a) Atrioventricular nodal re-entrant tachycardia (AVNRT)
(b) Atrioventricular re-entrant tachycardia (AVRT)
(c) Supraventricular tachycardia
(d) Multifocal atrial tachycardia

Question 3. Regarding supraventricular re-entrant tachycardia:
(a) In AVRT, the atrioventricular node forms one limb of the re-entrant circuit.
(b) AVRT involves an anatomical accessory pathway.
(c) AVNRT is more common in older children.
(d) The SVT may be aborted with adenosine if vagal manoeuvres do not work.

Question 4. Chronic treatment options for SVT include:
(a) Beta-blockers
(b) Calcium channel blockers
(c) Digoxin
(d) Flecainide

Question 5. Regarding SVT in infants:
(a) AVRT is more common than AVNRT.
(b) The ECG may show features of pre-excitation.
(c) Calcium channel blockers should be avoided.
(d) Catheter ablation is safe.

Doctor’s particulars:
Name in full: ___________________________ MCR no.: ___________________________
Specialty: ___________________________ Email: ___________________________