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**NEW QUESTION: 1** Research shows that most of the cases of inappropriately delivered shocks from an AED have been caused by: **A.** Malfunctioning electrodes. **B.** Mechanical interference. **C.** Improperly charged batteries. **D.** Human error. **Answer: D** Explanation: Explanation/Reference: Explanation: Almost all documented cases of inappropriate shocks have been attributed to human error, such as using the AED in a moving vehicle or operating it on a patient with a pulse.

**NEW QUESTION: 2** Your company recently purchased 25 new laptops. All 25 laptops have the same hardware configuration and do not have any operating system installed. You have been asked to deploy Windows 8 on these laptops. You have installed and configured Windows 8 on a reference laptop. You need to create an image and deploy it to the 25 new laptops. Which four actions should you perform in sequence? (To answer, move the appropriate actions from the list of actions to the answer area and arrange them in the correct order.) Select and Place: **Answer:** Explanation:

**NEW QUESTION: 3** What is an advantage of using disk over tape as the backup destination device? **A.** Cost **B.** Faster restore **C.** Sequential access **D.** Portability **Answer: B**

**NEW QUESTION: 4** A 48-year-old man was referred by his general practitioner, whose letter stated: 'Please review this man's blood pressure management, as he has requested a second opinion, having seen information on the internet about the need for more detailed investigation. He has been having treatment for 10 years.' At the consultation, the patient confirmed that he was currently taking bendroflumethiazide 2.5 mg daily, atenolol 50 mg daily and perindopril 8 mg daily. His clinic blood pressure was 169/108 mmHg. Clinical examination was otherwise normal. Investigations: serum sodium 142 mmol/L (137-144) serum potassium 3.9 mmol/L (3.5-4.9) estimated glomerular filtration rate (MDRD) >60 mL/min/1.73 m<sup>2</sup> (>60) ambulant plasma renin activity 0.5 pmol/mL/h (3.0-4.3) ambulant plasma aldosterone 380 pmol/L (330-830) What is the most appropriate next step in management? **A.** urine steroid profile **B.** withdraw atenolol and repeat renin and aldosterone **C.** add amlodipine **D.** CT scan of adrenal glands **E.** fludrocortisone suppression test **Answer: B**

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