AMBOSS 200 HIGH YIELD (HY) CONCEPTS FOR STEP 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. A patient with polyuria, polydipsia, nausea; high blood glucose and metabolic acidosis; diagnosis and initial management?

A. Diabetic ketoacidosis; start isotonic saline and begin insulin therapy after potassium assessment

B. Hyperosmolar hyperglycemic state; begin IV fluids only

C. Hyperkalemia; give potassium-sparing diuretics

D. Nonketotic hyperglycemia; oral hypoglycemics only

2. Thiamine should be administered before glucose in alcoholics to prevent Wernicke encephalopathy.

A. Before

B. After

C. Simultaneously

D. Not necessary

3. In-hospital delirium in older adults, what is a key initial approach?

A. Sedate aggressively

B. Isolate the patient

C. Restrain

D. Identify precipitating factors and ensure safety

4. Treatment for Neisseria meningitis includes which combination?

A. Ceftriaxone and vancomycin

B. Penicillin G

C. Amoxicillin

D. Doxycycline

5. Hospitalized patient at risk for venous thromboembolism. What is recommended?

A. No prophylaxis.

B. Antiplatelet therapy only.

C. Pharmacologic prophylaxis with LMWH or UFH unless contraindicated.

D. Prophylaxis with NSAIDs.

6. In Guillain-Barré syndrome, the cerebrospinal fluid typically demonstrates which of the following patterns?

A. Elevated white blood cell count with normal protein and glucose

B. Low protein with low glucose

C. Normal white blood cell count with highly elevated protein and normal glucose

D. Normal white blood cell count with highly elevated protein and normal glucose

7. Which imaging modality is best to evaluate thymic pathology in suspected myasthenia gravis?

A. Chest CT

B. Brain MRI

C. Abdominal ultrasound

D. PET-CT

8. In the management of a COPD exacerbation, which elements are typically included?

A. Inhaled corticosteroids alone

B. Antiviral therapy only

C. Observe without oxygen

D. Short-acting bronchodilators with anticholinergic, systemic steroids, antibiotics if infection suspected, and supplemental oxygen

9. 70-year-old with fever, productive cough, and right lower lobe consolidation. First-line outpatient antibiotic for CAP in a previously healthy adult?

A. Amoxicillin

B. Levofloxacin

C. Azithromycin

D. Doxycycline

10. Sudden tearing chest and/or back pain with pulse deficit and unequal blood pressures suggests acute aortic dissection. What is the initial management?

A. IV beta-blocker and arrange urgent vascular surgery consultation

B. Immediate NSAIDs

C. Thrombolysis

D. Emergent PCI

Answers

1. A
2. A
3. D
4. A
5. C
6. D
7. A
8. D
9. A
10. A

Explanations

1. A patient with polyuria, polydipsia, nausea; high blood glucose and metabolic acidosis; diagnosis and initial management?

A. Diabetic ketoacidosis; start isotonic saline and begin insulin therapy after potassium assessment

B. Hyperosmolar hyperglycemic state; begin IV fluids only

C. Hyperkalemia; give potassium-sparing diuretics

D. Nonketotic hyperglycemia; oral hypoglycemics only

This situation points to diabetic ketoacidosis, a state of insulin deficiency with increased ketogenesis that creates an anion-gap metabolic acidosis and dehydration from osmotic diuresis. The first priority is restoring intravascular volume with isotonic saline to improve perfusion and organ function. After assessing potassium, start insulin therapy to halt ketone production and correct hyperglycemia and acidosis; insulin should only be begun if serum potassium is not severely low, because insulin drives potassium into cells and can precipitate dangerous hypokalemia. If potassium is under about 3.3 mEq/L, replace potassium first and delay insulin until it rises; if potassium is 3.3 or higher, begin insulin while continuing potassium repletion as needed to maintain a safe range. As glucose falls, switch to fluids with dextrose to avoid hypoglycemia. In DKA, total body potassium is depleted even if serum potassium seems normal or high, so ongoing electrolyte monitoring and replacement are essential. This distinguishes the scenario from a hyperosmolar hyperglycemic state, which lacks significant acidosis and is managed differently.

2. Thiamine should be administered before glucose in alcoholics to prevent Wernicke encephalopathy.

A. Before

B. After

C. Simultaneously

D. Not necessary

In alcoholics, thiamine deficiency is common and brain neurons rely on thiamine to process glucose. Giving glucose before thiamine can rapidly drive carbohydrate metabolism with insufficient thiamine, precipitating or worsening Wernicke encephalopathy. Providing thiamine first ensures there's enough cofactor for enzymes like pyruvate dehydrogenase and alpha-ketoglutarate dehydrogenase to handle the incoming glucose, helping prevent this neurologic emergency. That's why the best approach is to administer thiamine before glucose. If glucose must be given urgently, thiamine should still be given first whenever possible; delaying thiamine is risky. Not necessary is incorrect because the risk is real in malnourished alcoholics.

3. In-hospital delirium in older adults, what is a key initial approach?

A. Sedate aggressively

B. Isolate the patient

C. Restrain

D. Identify precipitating factors and ensure safety

Delirium in hospitalized older adults is best approached by uncovering and treating the factors that precipitated it while keeping the patient safe. Delirium is usually multifactorial, so addressing underlying triggers—such as infection, dehydration, electrolyte imbalances, hypoxia, pain, sleep disruption, and medications with anticholinergic or sedative effects—is the most effective first step. At the same time, ensure safety to prevent harm: assess fall risk, remove unnecessary restraints, provide a calm, well-lit environment, reorient, and involve family for familiarity. Treating the root causes often leads to rapid improvement, with nonpharmacologic measures like hydration, pain control, regular mobilization, sleep hygiene, and minimizing deliriogenic drugs. Pharmacologic sedation is not the initial approach and should be reserved for severe agitation that endangers the patient or staff, and even then used cautiously.

4. Treatment for Neisseria meningitis includes which combination?

A. Ceftriaxone and vancomycin

B. Penicillin G

C. Amoxicillin

D. Doxycycline

In acute bacterial meningitis, start broad, then narrow once the pathogen and its susceptibilities are known. The best initial regimen to cover Neisseria meningitidis and potential resistant pneumococcus is a third-generation cephalosporin (ceftriaxone) plus vancomycin. Ceftriaxone effectively treats Neisseria meningitidis and many other meningitis pathogens, while vancomycin protects against penicillin-resistant Streptococcus pneumoniae and other resistant gram-positives. This combination provides the most reliable coverage until culture results guide narrowing. Penicillin G could be used if the organism is confirmed and susceptible, but empirically it won't cover resistant strains or all possible meningitis pathogens. Amoxicillin isn't the preferred agent for meningitis due to penetration and spectrum concerns, and doxycycline does not achieve reliable CNS concentrations for acute meningitis.

5. Hospitalized patient at risk for venous thromboembolism. What is recommended?

A. No prophylaxis.

B. Antiplatelet therapy only.

C. Pharmacologic prophylaxis with LMWH or UFH unless contraindicated.

D. Prophylaxis with NSAIDs.

When a patient is hospitalized and at risk for venous thromboembolism, preventing clots is a priority. Using anticoagulant medications—low-molecular-weight heparin or unfractionated heparin—provides systemic protection against deep venous clots and pulmonary emboli during periods of immobility and acute illness. This approach targets the coagulation cascade, which is what drives venous thrombosis, making it effective where antiplatelet agents do not help. NSAIDs offer no protection against VTE and can add bleeding risk, so they aren't used for prophylaxis. The key point is to give pharmacologic prophylaxis unless there's a reason not to, such as active major bleeding or a high risk of bleeding; in those situations, mechanical methods like compression devices are used instead.

6. In Guillain-Barré syndrome, the cerebrospinal fluid typically demonstrates which of the following patterns?

A. Elevated white blood cell count with normal protein and glucose

B. Low protein with low glucose

C. Normal white blood cell count with highly elevated protein and normal glucose

D. Normal white blood cell count with highly elevated protein and normal glucose

Guillain-Barré syndrome typically shows albuminocytologic dissociation in CSF: a markedly elevated protein concentration with a normal white blood cell count and normal glucose. This happens because immune-mediated demyelination of peripheral nerves increases protein in the CSF, but there isn't a primary infection of the meninges, so inflammatory cells don't accumulate and glucose isn't consumed. Keep in mind that early in the illness the protein may still be normal, but as the process evolves, protein rises while the WBC count stays normal. This pattern helps differentiate GBS from meningitis or other infectious processes, which often have high WBC and/or abnormal glucose.

7. Which imaging modality is best to evaluate thymic pathology in suspected myasthenia gravis?

A. Chest CT

B. Brain MRI

C. Abdominal ultrasound

D. PET-CT

In myasthenia gravis, thymic pathology is common and imaging is aimed at assessing the thymus in the anterior mediastinum to look for hyperplasia or thymoma. Chest CT provides high-resolution, cross-sectional images of the mediastinal thymus, allowing precise visualization of thymic tissue, masses, contour changes, and invasion if present. It can distinguish thymic hyperplasia from a thymic tumor and shows details like calcifications and relationships to surrounding structures, which are critical for planning management such as thymectomy. Although MRI can be used and PET-CT adds metabolic information, CT is the most practical and sensitive initial test for evaluating thymic morphology. Brain MRI and abdominal ultrasound don't evaluate the thymus, so they aren't appropriate for this purpose.

8. In the management of a COPD exacerbation, which elements are typically included?

A. Inhaled corticosteroids alone

B. Antiviral therapy only

C. Observe without oxygen

D. Short-acting bronchodilators with anticholinergic, systemic steroids, antibiotics if infection suspected, and supplemental oxygen

When a COPD exacerbation happens, the aim is to rapidly relieve bronchospasm, correct low oxygen levels, reduce airway inflammation, and treat possible infection. The best approach includes short-acting bronchodilators to open the airways, usually combined with an anticholinergic for added effect. A short course of systemic corticosteroids helps shorten the duration of the flare and improve airway function. If there's suspicion of a bacterial infection—evidenced by signs like purulent sputum or fever—antibiotics are added. Providing supplemental oxygen is essential to maintain adequate oxygenation. This combination directly targets the main problems in an acute exacerbation: bronchoconstriction, inflammation, potential infection, and hypoxemia. Inhaled corticosteroids alone don't rapidly address the acute bronchospasm or oxygen needs, antiviral therapy isn't routinely used unless a specific viral cause is identified, and simply observing without oxygen ignores common hypoxemia during these events.

9. 70-year-old with fever, productive cough, and right lower lobe consolidation. First-line outpatient antibiotic for CAP in a previously healthy adult?

A. Amoxicillin

B. Levofloxacin

C. Azithromycin

D. Doxycycline

In outpatient CAP for someone who is otherwise healthy, the most likely culprit is Streptococcus pneumoniae, so choosing a therapy that reliably covers this organism with a narrow, well-tolerated drug is ideal. Amoxicillin fits this role well: it has strong activity against penicillin-susceptible pneumococcus, excellent oral bioavailability, good tolerability, and is inexpensive. This allows effective treatment of the typical pneumonia we'd expect to see with lobar consolidation without unnecessary broad-spectrum coverage that can drive side effects and antimicrobial resistance. Other options tend to broaden coverage or target atypicals more than pneumococcus. A macrolide or doxycycline can be used when pneumococcal coverage is less certain or with specific patient factors, but amoxicillin remains the solid first-line choice here because it directly addresses the most common pathogen in this scenario.

10. Sudden tearing chest and/or back pain with pulse deficit and unequal blood pressures suggests acute aortic dissection. What is the initial management?

A. IV beta-blocker and arrange urgent vascular surgery consultation

B. Immediate NSAIDs

C. Thrombolysis

D. Emergent PCI

Acute aortic dissection must be treated first by halting the forces that drive the tear. The primary step is hemodynamic control to reduce shear stress on the aortic wall. Administer an IV beta-blocker to lower the heart rate and the systolic blood pressure—gentle but rapid reduction in both helps prevent propagation of the dissection. Esmolol or labetalol are typical choices because they blunt the rate of rise in pressure (dP/dt) and decrease the force pushing the dissection walls apart. After beta-blockade, if blood pressure remains elevated, you can add a vasodilator such as nitroprusside or nicardipine to achieve a target SBP around 100–120 mmHg, but only after the heart rate is controlled to avoid reflex tachycardia that could worsen the tear. Alongside this stabilization, arrange urgent vascular surgery consultation and obtain definitive imaging (eg, CT angiography) to determine whether the dissection is type A (involving the ascending aorta) or type B (distal). Type A generally requires prompt surgical repair, whereas type B is often managed medically unless complications arise. Pain control and monitoring are important, and anticoagulants or thrombolytics and emergent PCI are not appropriate initial steps in suspected dissection, as they can worsen the dissection or cause catastrophic bleeding. So, the best initial management is IV beta-blocker to reduce shear stress with urgent vascular surgery consultation for definitive management.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://amboss200hyconcepts4step2.examzify.com

We wish you the very best on your exam journey. You've got this!