

# Clinical Decision-Making (CDM) Cases Part I Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>15</b>

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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

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- 1. In biliary colic evaluation for possible choledocholithiasis, which tests are indicated?**
  - A. Liver function tests including AST/ALT/ALP/GGT and bilirubin**
  - B. CBC only**
  - C. Lipase only**
  - D. Serum amylase**
  
- 2. In a pregnant patient with a urinary tract infection complicated by pyelonephritis, what is the recommended management?**
  - A. Hospital admission with IV antibiotics**
  - B. Outpatient oral antibiotics**
  - C. CT abdomen**
  - D. IV fluids only**
  
- 3. Cephalization of the pulmonary vessels on chest X-ray is most consistent with which condition?**
  - A. Left-sided heart failure**
  - B. Right-sided heart failure**
  - C. Pneumonia**
  - D. COPD**
  
- 4. Which imaging modality is described as the most initial step to identify the source of a suspected malignancy?**
  - A. CMP**
  - B. CT CHEST/ABD/PelVIS**
  - C. CBC**
  - D. PTHRP**
  
- 5. Which Celsius reading would clearly indicate fever according to the threshold?**
  - A. 37 C**
  - B. 36 C**
  - C. 39 C**
  - D. 35 C**

- 6. For a patient with new-onset atrial fibrillation and diastolic heart failure, the recommended initial management includes which of the following?**
- A. Rate control with BP management, diuresis, and anticoagulation**
  - B. Only rate control**
  - C. Immediate cardioversion without anticoagulation**
  - D. Troponin measurement only**
- 7. In pregnancy, pyelonephritis is best managed with which approach?**
- A. Outpatient oral antibiotics**
  - B. Inpatient hospital admission with IV antibiotics**
  - C. CT scan**
  - D. IV fluids only**
- 8. How long after removing the offending agent in suspected drug-induced acute interstitial nephritis does creatinine typically begin to improve?**
- A. 3-7 days.**
  - B. 1 day.**
  - C. 2-3 weeks.**
  - D. No improvement.**
- 9. Which statement correctly describes the adolescent meningococcal vaccination schedule?**
- A. One dose at 11-12 years followed by a booster at 16 years.**
  - B. A single dose at 11-12 years with no booster.**
  - C. Two-dose series at 11-12 years with a booster at 18 years.**
  - D. Vaccination is not recommended for adolescents.**
- 10. Which temperature reading corresponds to the fever threshold in Celsius?**
- A. 38 C**
  - B. 39 C**
  - C. 37 C**
  - D. 36 C**

## Answers

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

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## **Explanations**

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**1. In biliary colic evaluation for possible choledocholithiasis, which tests are indicated?**

**A. Liver function tests including AST/ALT/ALP/GGT and bilirubin**

**B. CBC only**

**C. Lipase only**

**D. Serum amylase**

In biliary colic when choledocholithiasis is suspected, the priority is to detect obstruction and cholestasis. A liver function test panel that includes AST, ALT, alkaline phosphatase, GGT, and bilirubin is most informative because obstruction of the bile duct tends to cause a cholestatic pattern: alkaline phosphatase and GGT rise, and bilirubin (often direct/conjugated) increases when bile flow is blocked. AST and ALT may also be modestly elevated with biliary obstruction. This pattern helps identify a ductal blockage rather than a primary hepatocellular injury. A CBC is less specific for choledocholithiasis, and lipase or amylase are used when pancreatitis is suspected, not as routine tests for this condition.

**2. In a pregnant patient with a urinary tract infection complicated by pyelonephritis, what is the recommended management?**

**A. Hospital admission with IV antibiotics**

**B. Outpatient oral antibiotics**

**C. CT abdomen**

**D. IV fluids only**

In pregnancy, pyelonephritis is a potentially life-threatening infection that requires inpatient care with IV antibiotics and close monitoring. Hospital admission ensures rapid, reliable antibiotic delivery and the ability to monitor for sepsis, uterine contractions, and fetal well-being, which are higher risks in pregnant patients. Starting broad-spectrum IV antibiotics that cover common urinary pathogens, along with IV fluids and culture testing, is the safest approach. After the patient improves for 24-48 hours, you can switch to oral antibiotics to complete a total course (typically 10-14 days) and arrange follow-up. CT imaging is avoided in pregnancy due to radiation exposure and is not needed for initial management; IV fluids alone do not treat the infection, and outpatient oral therapy would be unsafe for pyelonephritis in pregnancy.

**3. Cephalization of the pulmonary vessels on chest X-ray is most consistent with which condition?**

- A. Left-sided heart failure**
- B. Right-sided heart failure**
- C. Pneumonia**
- D. COPD**

Cephalization on chest radiography reflects pulmonary venous hypertension from elevated left atrial pressure. When the left heart fails, blood backs up into the pulmonary veins, increasing capillary hydrostatic pressure. Gravity causes redistribution of blood so the vessels in the upper lung zones become relatively more prominent, giving an appearance of vascular markings migrating toward the lung apices. This pattern is a classic early radiographic sign of congestive edema from left-sided heart failure. The other conditions don't fit as well: pneumonia shows focal consolidation, COPD causes hyperinflation and flattened diaphragms, and right-sided heart failure more commonly produces basilar edema with effusions rather than upper-zone vascular cephalization.

**4. Which imaging modality is described as the most initial step to identify the source of a suspected malignancy?**

- A. CMP**
- B. CT CHEST/ABD/PeIVIS**
- C. CBC**
- D. PTHRP**

Starting with imaging to locate the primary tumor is essential when a malignancy is suspected but the source is unknown. A CT scan of the chest, abdomen, and pelvis provides a comprehensive survey of the body, revealing masses, nodal enlargement, and organ involvement across many common primary sites. It also helps guide where to biopsy and how to stage disease. Laboratory tests like a comprehensive metabolic panel or complete blood count can show abnormalities or organ dysfunction related to cancer, but they do not pinpoint where a tumor originates. A marker such as PTH-related peptide can indicate paraneoplastic hypercalcemia, but it doesn't localize the primary source. Therefore, cross-sectional imaging that visually identifies tumors is the most appropriate initial step to locate the source of suspected malignancy.

**5. Which Celsius reading would clearly indicate fever according to the threshold?**

- A. 37 C**
- B. 36 C**
- C. 39 C**
- D. 35 C**

Fever is defined as a body temperature above 38°C. Reading 39°C clearly crosses that threshold, so it indicates fever. A normal range is around 36.5-37.5°C, so 37°C is not fever, 36°C is below normal, and 35°C is too low. Hence, 39°C is the reading that meets the fever criterion.

**6. For a patient with new-onset atrial fibrillation and diastolic heart failure, the recommended initial management includes which of the following?**

- A. Rate control with BP management, diuresis, and anticoagulation**
- B. Only rate control**
- C. Immediate cardioversion without anticoagulation**
- D. Troponin measurement only**

New-onset atrial fibrillation in diastolic heart failure calls for stabilizing the patient while addressing rhythm, filling, and stroke risk. The best initial approach is to control the ventricular rate so the stiff ventricle can fill more effectively and symptoms don't worsen from tachycardia. Along with rate control, managing volume status with diuresis is key to relieving congestion, and careful blood pressure management helps reduce afterload and further decompensation in diastolic HF. At the same time, preventing stroke from AF is essential, so starting anticoagulation promptly is indicated unless there's a compelling contraindication. Emergent cardioversion isn't automatic in stable, new-onset AF; it's considered after stabilizing the patient and ensuring stroke prevention, and only after assessing thromboembolic risk or confirming no atrial thrombus if time allows. Relying on a single test like troponin without addressing rate, volume, or stroke risk misses the core needs of this scenario.

**7. In pregnancy, pyelonephritis is best managed with which approach?**

- A. Outpatient oral antibiotics**
- B. Inpatient hospital admission with IV antibiotics**
- C. CT scan**
- D. IV fluids only**

Pyelonephritis in pregnancy is a potentially serious systemic infection that can worsen quickly, so it requires reliable drug delivery and close monitoring. The safest and most effective approach is inpatient care with IV antibiotics. Hospital admission ensures rapid administration of parenteral therapy, allows monitoring of both mother and fetus, and makes it easier to manage any complications such as dehydration or sepsis. Once the patient stabilizes and is afebrile for 24-48 hours, many regimens can switch to oral antibiotics to complete the course. Outpatient oral antibiotics are not ideal for this scenario because oral therapy may not achieve the prompt, adequate drug levels needed to control a febrile UTI in pregnancy, and it provides less immediate access to monitoring and supportive care. A CT scan is not part of the initial management of acute pyelonephritis in pregnancy due to radiation exposure and the fact that the diagnosis is clinical and laboratory-based; imaging, if needed later to evaluate obstruction or complications, is typically ultrasound. IV fluids are supportive but insufficient on their own to treat the infection. In short, the best approach is hospital admission with IV antibiotics, with transition to oral therapy as the patient improves.

**8. How long after removing the offending agent in suspected drug-induced acute interstitial nephritis does creatinine typically begin to improve?**

- A. 3-7 days.**
- B. 1 day.**
- C. 2-3 weeks.**
- D. No improvement.**

Stopping the offending drug halts ongoing interstitial inflammation, allowing the kidney to begin healing. In drug-induced acute interstitial nephritis, creatinine levels typically start to improve within a few days after withdrawal, commonly in the 3-7 day window. Early improvement within 24 hours is unlikely because the inflammatory process needs time to subside, and waiting several weeks for initial improvement is longer than usual. Remember, full recovery can continue over weeks, and if there's no meaningful improvement after several days, further evaluation and possible therapy may be needed.

**9. Which statement correctly describes the adolescent meningococcal vaccination schedule?**

- A. One dose at 11-12 years followed by a booster at 16 years.**
- B. A single dose at 11-12 years with no booster.**
- C. Two-dose series at 11-12 years with a booster at 18 years.**
- D. Vaccination is not recommended for adolescents.**

The key idea is protecting adolescents through the period of highest risk by timing a booster to maintain immunity during late adolescence. The standard approach uses a meningococcal conjugate vaccine given once at about 11-12 years old, with a booster dose at around 16 years. Immunity from the initial dose can wane over several years, and risk of meningococcal disease increases in high school and college settings where people live in close quarters. Administering a booster at 16 restores protection during that vulnerable time. A single dose without a booster would leave waning protection before college years, while alternative timing or extra doses outside the recommended schedule aren't aligned with current routine guidance. Vaccination is recommended for adolescents, with separate schedules applying if a MenB vaccine is considered.

**10. Which temperature reading corresponds to the fever threshold in Celsius?**

- A. 38 C**
- B. 39 C**
- C. 37 C**
- D. 36 C**

Fever is defined as a body temperature at or above 38 C in many clinical guidelines, since normal body temperature is about 37 C. So the reading that marks the fever threshold is 38 C. A higher reading like 39 C represents a fever that's already present and more elevated, not the threshold itself. A reading of 37 C is within the normal range, and 36 C is below normal.

## 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](mailto:hello@examzify.com).**

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

**<https://cdmcasespart1.examzify.com>**

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

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