

# EMERGENCY MEDICINE DRUGS PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which statement about nitroglycerin precautions is true?**
  - A. It is safe in all pregnancy categories
  - B. It does not require IV access before use
  - C. It requires obtaining IV access prior to administration
  - D. It has no interactions with PDE-5 inhibitors
- 2. What cardiac risk is associated with droperidol when used in the ED?**
  - A. QT prolongation
  - B. Tachycardia
  - C. Hypotension
  - D. Seizures
- 3. Activated charcoal pregnancy category is listed as which of the following?**
  - A. Category B
  - B. Category C
  - C. Category A
  - D. Category D
- 4. What is the standard oral glucose dose for adult patients?**
  - A. 60-100 g
  - B. 15-45 g
  - C. 5-15 g
  - D. 1-5 g
- 5. Nitroglycerin IV infusion is titrated to achieve which objective?**
  - A. Blood pressure of exactly 120/80
  - B. Absence of headaches
  - C. Ongoing chest pain or ischemia
  - D. Normal heart rate
- 6. Which statement about oxygen side effects is correct?**
  - A. Oxygen toxicity is a major risk with acute administration
  - B. Irritation to the respiratory tract
  - C. Restlessness is not related to hypoxia
  - D. Oxygen has no side effects

- 7. Albuterol is usually administered with which other bronchodilator?**
- A. Loratadine
  - B. Beclomethasone
  - C. Albuterol is usually administered with ipratropium
  - D. Methylprednisolone
- 8. Haloperidol for agitation in the ED is commonly dosed via which routes?**
- A. Oral
  - B. Subcutaneous
  - C. IM only
  - D. IV or IM
- 9. What is the basic NAC regimen for acetaminophen overdose (repeated for emphasis)?**
- A. 150 mg/kg over 60 min, then 50 mg/kg over 4 hours, then 100 mg/kg over 16 hours
  - B. 150 mg/kg over 60 min, then 50 mg/kg over 16 hours, then 100 mg/kg over 4 hours
  - C. 100 mg/kg over 60 min, then 50 mg/kg over 4 hours, then 200 mg/kg over 16 hours
  - D. 200 mg/kg over 60 min, then 50 mg/kg over 4 hours, then 100 mg/kg over 16 hours
- 10. Midazolam is known for memory impairment that affects events after administration. Which statement is most accurate?**
- A. It causes retrograde amnesia
  - B. It permanently erases memory
  - C. It causes anterograde amnesia
  - D. It has no effect on memory

## **Answers**

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

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## **Explanations**

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### 1. Which statement about nitroglycerin precautions is true?

- A. It is safe in all pregnancy categories
- B. It does not require IV access before use
- C. It requires obtaining IV access prior to administration**
- D. It has no interactions with PDE-5 inhibitors

When using nitroglycerin intravenously, the essential precaution is to have IV access established before starting the infusion. IV nitroglycerin is a potent vasodilator that can cause rapid and potentially dangerous drops in blood pressure. Having an IV line in place allows immediate access to give fluids or vasopressors if hypotension occurs, and it enables precise titration of the infusion while you continuously monitor blood pressure and heart rate. Sublingual nitroglycerin can be given without an IV line, but the IV route specifically requires access beforehand to ensure safety and control. The other statements are not correct for these reasons: nitroglycerin is not safe in all pregnancy categories and still requires careful consideration; there can be dangerous interactions with PDE-5 inhibitors, making the notion of "no interactions" false.

### 2. What cardiac risk is associated with droperidol when used in the ED?

- A. QT prolongation**
- B. Tachycardia
- C. Hypotension
- D. Seizures

Droperidol's main cardiac risk is QT interval prolongation. It blocks the cardiac potassium channels that are responsible for repolarization, which lengthens the time the ventricles take to reset between beats. This prolonged repolarization can progress to torsades de pointes, a dangerous form of polymorphic ventricular tachycardia. The risk is higher with higher doses and when there are electrolyte disturbances (low potassium or magnesium), bradycardia, congenital long QT, or other drugs that extend the QT interval. While other effects like tachycardia, hypotension, or rare seizures can occur, the specific cardiac danger most associated with droperidol is QT prolongation leading to potential torsades de pointes.

### 3. Activated charcoal pregnancy category is listed as which of the following?

- A. Category B
- B. Category C**
- C. Category A
- D. Category D

Understanding how pregnancy safety labeling works helps here. The categories reflect available data in humans and animals and weigh potential fetal risk against maternal benefit. Activated charcoal is designated Category C. That means there aren't adequate well-controlled human studies to prove safety in pregnancy, and animal studies have shown some risk at doses that could be relevant. Yet in poisoning situations, the benefit to the mother from rapidly reducing toxin absorption can be substantial, and activated charcoal acts locally in the gut with minimal systemic absorption, so fetal exposure is unlikely to be a major concern. This balance—unclear or potential fetal risk with demonstrable maternal benefit—fits Category C. It isn't Category A, which would require clear, well-controlled human data showing no fetal risk. It isn't Category B, which would imply animal studies show no risk and human data are lacking but generally more reassuring. It isn't Category D, which would indicate proven fetal risk with risks outweighing benefits in most cases.

#### 4. What is the standard oral glucose dose for adult patients?

- A. 60-100 g
- B. 15-45 g**
- C. 5-15 g
- D. 1-5 g

When someone is conscious and experiencing hypoglycemia, the goal is to raise blood glucose quickly with a fast-acting oral carbohydrate. For adults, a practical dose falls in the range of 15 to 45 grams. This amount is large enough to reliably raise glucose promptly, using common options like glucose tablets, glucose gel, juice, or soda, without overwhelming the gut or causing unnecessary calories. Too little (5–15 g or 1–5 g) may not bring the level up adequately, while too much (60–100 g) isn't needed and can cause discomfort or rebound effects. After giving the carbohydrate, check the glucose again in about 15 minutes and repeat if still low. Once normalized, follow with a small amount of longer-acting carbohydrates and seek further evaluation for the underlying cause.

#### 5. Nitroglycerin IV infusion is titrated to achieve which objective?

- A. Blood pressure of exactly 120/80
- B. Absence of headaches
- C. Ongoing chest pain or ischemia**
- D. Normal heart rate

The main idea is to use IV nitroglycerin to relieve ongoing chest pain and ischemia. Nitroglycerin dilates veins more than arteries, which lowers preload and reduces wall tension on the heart. This decreases myocardial oxygen demand and can rapidly improve both pain and signs of ischemia on the ECG. Because the goal is to relieve ischemia, there isn't a fixed blood pressure target to hit; you titrate to the patient's symptoms and ECG response while keeping blood pressure within safe limits. Absent headaches or a normal heart rate aren't goals—headache is a common side effect, and reflex tachycardia can occur as a response to vasodilation. So, the objective is relief of ongoing chest pain and ischemia, not achieving a specific blood pressure, preventing headaches, or normalizing heart rate.

#### 6. Which statement about oxygen side effects is correct?

- A. Oxygen toxicity is a major risk with acute administration
- B. Irritation to the respiratory tract**
- C. Restlessness is not related to hypoxia
- D. Oxygen has no side effects

Irritation of the respiratory tract is a common side effect of oxygen therapy, especially when the gas is dry or given at high flow. Dry oxygen can irritate the nasal passages, throat, and airways, leading to discomfort, coughing, and even epistaxis. Using humidified oxygen and giving the lowest effective concentration helps minimize this irritation while correcting hypoxemia. Oxygen toxicity is not a major concern with a single acute dose; it develops with prolonged exposure to high FiO<sub>2</sub>, causing lung injury from reactive oxygen species over time, not during a brief treatment. Restlessness can occur with hypoxia, so saying it's not related to hypoxia isn't accurate. And oxygen can have side effects, so stating there are none isn't correct.

## 7. Albuterol is usually administered with which other bronchodilator?

- A. Loratadine
- B. Beclomethasone
- C. Albuterol is usually administered with ipratropium**
- D. Methylprednisolone

*Using albuterol with ipratropium takes advantage of two different bronchodilator mechanisms to relieve bronchospasm more effectively. Albuterol is a short-acting beta-2 agonist that relaxes airway smooth muscle quickly. Ipratropium is an anticholinergic that blocks muscarinic receptors, reducing vagal bronchoconstriction. Together, they provide additive bronchodilation and faster relief, which is why this combination is commonly used in acute asthma or COPD exacerbations and is often given via nebulizer (the DuoNeb approach). Loratadine is an antihistamine and does not provide bronchodilation. Beclomethasone and methylprednisolone are anti-inflammatory corticosteroids used for long-term control rather than immediate bronchodilation, so they aren't paired with albuterol for rapid relief.*

## 8. Haloperidol for agitation in the ED is commonly dosed via which routes?

- A. Oral
- B. Subcutaneous
- C. IM only
- D. IV or IM**

*Rapid calming of an acutely agitated patient relies on parenteral administration, which provides a predictable and fast onset. Oral haloperidol is unreliable in this situation because the patient may not cooperate, swallow safely, or have consistent absorption, leading to delays and variable effects. Intramuscular dosing is a common, straightforward way to achieve quick effect in the ED, and when IV access is already established or an even faster onset is needed, intravenous administration is used. Subcutaneous administration is less typical for this scenario, and oral dosing is generally not practical for acute agitation. Therefore, the routes best suited for haloperidol in the ED to rapidly control agitation are IV or IM.*

**9. What is the basic NAC regimen for acetaminophen overdose (repeated for emphasis)?**

- A. 150 mg/kg over 60 min, then 50 mg/kg over 4 hours, then 100 mg/kg over 16 hours**
- B. 150 mg/kg over 60 min, then 50 mg/kg over 16 hours, then 100 mg/kg over 4 hours
- C. 100 mg/kg over 60 min, then 50 mg/kg over 4 hours, then 200 mg/kg over 16 hours
- D. 200 mg/kg over 60 min, then 50 mg/kg over 4 hours, then 100 mg/kg over 16 hours

*The basic concept here is delivering N-acetylcysteine in a schedule that rapidly achieves therapeutic levels and then maintains them to detoxify the harmful metabolite from acetaminophen overdose. The loading dose of 150 mg/kg given over one hour quickly raises NAC concentrations in the blood, allowing NAC to replenish glutathione stores and enable conjugation of NAPQI. The next dose, 50 mg/kg over four hours, sustains those levels so detoxification can continue as the initial shock dissipates. The final maintenance dose, 100 mg/kg over sixteen hours, keeps NAC present long enough to support ongoing protection of the liver during the critical period after overdose. Altogether this regimen balances rapid onset with sustained exposure to NAC, optimizing hepatoprotective effect while staying within safe dosing limits. Other regimens that alter the dose amounts or the infusion durations would either fail to achieve rapid, adequate NAC concentrations or not maintain protective levels long enough, reducing the effectiveness of the antidote.*

**10. Midazolam is known for memory impairment that affects events after administration. Which statement is most accurate?**

- A. It causes retrograde amnesia
- B. It permanently erases memory
- C. It causes anterograde amnesia**
- D. It has no effect on memory

*Midazolam produces memory impairment by blocking the encoding of new information after administration. This is anterograde amnesia: events that occur during the drug's action are not reliably stored as long-term memories, while memories from before the dose are generally preserved. The amnestic effect arises from potentiation of GABA-A receptor activity, which dampens neural activity in memory-forming circuits like the hippocampus. The effect is usually temporary and wears off as the drug is eliminated, so it does not permanently erase memory. There can be mild retrograde effects for moments just before administration, but the clinically relevant impairment with midazolam is its anterograde amnesia.*

## 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:

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

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