

Emergency Medicine End of Rotation (EOR) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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 the context of heart failure medications, which drug class is typically avoided in patients with chronic renal failure?**
 - A. Beta-blockers**
 - B. Diuretics**
 - C. ACE inhibitors**
 - D. Calcium channel blockers**

- 2. What does Grey Turner's sign indicate in a trauma patient?**
 - A. Fracture of the lumbar spine**
 - B. Retroperitoneal hemorrhage**
 - C. Abdominal compartment syndrome**
 - D. Splenic rupture**

- 3. Which combination of conditions commonly causes disseminated intravascular coagulation (DIC)?**
 - A. Heart failure, diabetes, and sepsis**
 - B. Snake bite, pregnancy, and sepsis**
 - C. Thromboembolism, cancer, and liver disease**
 - D. Hypertension, stroke, and obesity**

- 4. What is the duration of elevation for Creatine Kinase MB after an MI?**
 - A. 1-2 days**
 - B. 2-4 days**
 - C. 5-7 days**
 - D. Up to 10 days**

- 5. How is osteomyelitis typically diagnosed?**
 - A. CT scan**
 - B. Plain x-ray**
 - C. MRI**
 - D. Bone biopsy**

- 6. Which syndrome occurs when the lateral half of the spinal cord is injured?**
- A. Central cord syndrome**
 - B. Brown-Sequard syndrome**
 - C. Anterior cord syndrome**
 - D. Cauda equina syndrome**
- 7. Which of the following is a common physical exam finding in dilated cardiomyopathy?**
- A. S3 heart sound**
 - B. Bradycardia**
 - C. Wheezing**
 - D. Diaphoresis**
- 8. What class of antibiotics is commonly prescribed for acute otitis media?**
- A. Fluoroquinolones**
 - B. Macrolides**
 - C. High dose amoxicillin**
 - D. Cephalosporins**
- 9. What defines Stage 2 Hypertension?**
- A. 120/80**
 - B. 140/90**
 - C. 160/100**
 - D. 180/110**
- 10. What age group of children should undergo blood cultures and possibly receive ceftriaxone for fever of 38°C or higher?**
- A. Less than 28 days**
 - B. 28 days to 3 months**
 - C. 3 months to 2 years**
 - D. 2 years to 5 years**

Answers

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

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Explanations

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1. In the context of heart failure medications, which drug class is typically avoided in patients with chronic renal failure?

- A. Beta-blockers**
- B. Diuretics**
- C. ACE inhibitors**
- D. Calcium channel blockers**

The correct choice highlights that beta-blockers are typically avoided in patients with chronic renal failure. While beta-blockers can be beneficial for heart failure management, they require cautious use in patients with compromised renal function. This is because many beta-blockers, particularly those that are lipophilic or primarily renally excreted, may accumulate in patients with renal impairment. This accumulation can lead to increased side effects, including bradycardia, hypotension, or worsening heart failure symptoms, which could significantly compromise the patient's status. On the other hand, diuretics are commonly used in heart failure patients to manage fluid overload, even in those with chronic renal failure, although dosing adjustments may be necessary. ACE inhibitors are also beneficial and can be used with close monitoring, as they may help in kidney protection despite the renal failure by improving renal blood flow. Calcium channel blockers are less frequently used for heart failure but are not outright avoided in renal impairment. The implications of managing heart failure in patients with chronic renal issues lead to a careful selection of medications to ensure safety and efficacy.

2. What does Grey Turner's sign indicate in a trauma patient?

- A. Fracture of the lumbar spine**
- B. Retroperitoneal hemorrhage**
- C. Abdominal compartment syndrome**
- D. Splenic rupture**

Grey Turner's sign is characterized by the presence of bruising or discoloration on the flanks, which can indicate bleeding occurring within the peritoneal cavity. In the context of a trauma patient, this sign is specifically associated with retroperitoneal hemorrhage. Retroperitoneal hemorrhage can occur due to various traumatic injuries, including those to the kidneys, aorta, or pancreas, leading to blood accumulation in the retroperitoneal space. The presence of Grey Turner's sign is a clinical manifestation that results from the tracking of blood along the lateral abdominal wall, showing the severity of the internal injury. Recognizing this sign in a trauma patient is crucial for guiding further diagnostic imaging and management, as it often points to significant underlying pathology that may require immediate intervention. While other conditions listed may be serious, they do not specifically correlate with Grey Turner's sign as directly as retroperitoneal hemorrhage does. For instance, while a splenic rupture can lead to signs of hemorrhage, it typically presents with different findings rather than this sign. Abdominal compartment syndrome and lumbar spine fractures also do not directly cause Grey Turner's sign. Understanding this link helps to accurately assess and prioritize care for trauma patients.

3. Which combination of conditions commonly causes disseminated intravascular coagulation (DIC)?

- A. Heart failure, diabetes, and sepsis
- B. Snake bite, pregnancy, and sepsis**
- C. Thromboembolism, cancer, and liver disease
- D. Hypertension, stroke, and obesity

Disseminated intravascular coagulation (DIC) is a serious condition characterized by the widespread activation of the coagulation cascade, leading to the formation of blood clots throughout the small blood vessels in the body. This can result in multiple organ dysfunction due to the depletion of platelets and clotting factors, subsequently causing bleeding complications. The combination of snake bite, pregnancy, and sepsis is commonly associated with the development of DIC for several reasons. Snake bites can introduce venom that alters hemostasis and potentially triggers thrombotic events. Pregnancy can lead to a hypercoagulable state, especially in conditions such as preeclampsia or placental abruption, both of which can cause DIC. Sepsis is another well-known precipitating factor for DIC, as it often triggers a systemic inflammatory response that can activate the coagulation pathways. In contrast to the other options, these three conditions are well-documented triggers of DIC, making this combination particularly relevant in clinical practice. Understanding these associations helps healthcare providers anticipate and manage the complications associated with DIC effectively.

4. What is the duration of elevation for Creatine Kinase MB after an MI?

- A. 1-2 days
- B. 2-4 days**
- C. 5-7 days
- D. Up to 10 days

After a myocardial infarction (MI), the elevation of Creatine Kinase-MB (CK-MB) is typically observed as a marker for myocardial injury. The elevation occurs within a few hours after the infarct and usually peaks around 24 hours. However, it is significant because CK-MB levels can remain elevated for approximately 2 to 4 days following the event. This timeframe is essential for diagnosing myocardial infarction and assessing its timing in clinical practice. In a clinical setting, knowing that CK-MB levels rise and fall within this 2-4 day window allows healthcare professionals to understand when the myocardial damage occurred and to differentiate between a new infarction and reinfarction in a patient with prior cardiac history.

5. How is osteomyelitis typically diagnosed?

- A. CT scan
- B. Plain x-ray**
- C. MRI
- D. Bone biopsy

Osteomyelitis is typically diagnosed through a combination of clinical assessment and imaging studies, with plain x-rays serving as a common initial diagnostic tool. X-rays can reveal changes in the bones, such as bone erosion or the presence of sequestra (areas of dead bone), which may indicate infection. Although x-rays may not show early changes within the first few days of infection, they are useful in assessing chronic cases where bone alterations become more apparent over time. While other imaging modalities like MRI or CT scans can provide detailed visualization and help confirm the diagnosis by better assessing the extent of the infection and identifying associated complications, they are often used after initial plain x-ray findings or when further detail is necessary. Bone biopsy is an invasive procedure that can provide a definitive diagnosis by yielding culture and histological data, but it is typically not the first line of diagnosis. Rather, it is reserved for cases where imaging and clinical findings suggest osteomyelitis but without conclusive evidence.

6. Which syndrome occurs when the lateral half of the spinal cord is injured?

- A. Central cord syndrome
- B. Brown-Sequard syndrome**
- C. Anterior cord syndrome
- D. Cauda equina syndrome

Brown-Sequard syndrome occurs when there is damage to one half of the spinal cord, leading to a distinctive pattern of neurological deficits. This syndrome is characterized by ipsilateral motor loss and proprioceptive loss, as the corticospinal tract and dorsal columns, which are responsible for these functions, travel up the same side of the body before crossing over at different levels. On the contralateral side, patients experience loss of pain and temperature sensation due to the crossing of the spinothalamic tract. This unique combination of symptoms helps to confirm the diagnosis of Brown-Sequard syndrome when there is lateral spinal cord injury. In contrast, central cord syndrome typically results from injury to the center of the spinal cord, leading to greater motor impairment in the upper limbs than in the lower limbs, but does not involve unilateral injury. Anterior cord syndrome results from loss of blood flow to the anterior two-thirds of the spinal cord, affecting both motor function and pain/temperature sensation while sparing proprioception. Cauda equina syndrome involves the nerve roots at the lower end of the spinal cord, leading to lower motor neuron symptoms and bladder or bowel dysfunction.

7. Which of the following is a common physical exam finding in dilated cardiomyopathy?

- A. S3 heart sound**
- B. Bradycardia**
- C. Wheezing**
- D. Diaphoresis**

In dilated cardiomyopathy, a common physical exam finding is the presence of an S3 heart sound. This occurs due to increased blood volume in the ventricles during diastole, leading to rapid filling of the heart. The S3 sound is often described as a "gallop" rhythm and is indicative of heart failure when associated with the dilated phase, as it signifies an increased left ventricular volume and poor compliance of the ventricular walls. The presence of an S3 heart sound is particularly relevant in the context of dilated cardiomyopathy, as this condition often leads to congestive heart failure due to the heart's impaired ability to pump blood effectively. As a result, the S3 sound can be a key diagnostic feature when evaluating a patient with suspected heart failure. Other options, while they can be associated with various cardiac conditions, do not have the same specific correlation with dilated cardiomyopathy. Bradycardia is more often seen in conditions where there is increased vagal tone or certain heart block scenarios. Wheezing is typically related to respiratory issues rather than a direct outcome of dilated cardiomyopathy. Finally, diaphoresis is a common sign in many acute conditions, but it does not specifically indicate dilated cardiomyopathy.

8. What class of antibiotics is commonly prescribed for acute otitis media?

- A. Fluoroquinolones**
- B. Macrolides**
- C. High dose amoxicillin**
- D. Cephalosporins**

High dose amoxicillin is the first-line treatment for acute otitis media due to its effectiveness against the most common pathogens responsible for this infection, particularly *Streptococcus pneumoniae* and *Haemophilus influenzae*. This choice is based on clinical guidelines that emphasize amoxicillin's efficacy and safety profile in children and adults. In the case of acute otitis media, the goal is to provide adequate coverage for these organisms while also considering the possibility of antibiotic resistance. High dose amoxicillin—typically prescribed at 80-90 mg/kg/day—has been shown to overcome resistance mechanisms associated with *Streptococcus pneumoniae* due to its improved pharmacokinetics when dosed at this higher level. While other classes of antibiotics, such as macrolides and cephalosporins, may be utilized in cases of penicillin allergy or in specific situations where resistance patterns warrant their use, they are not first-line therapies for uncomplicated acute otitis media. Fluoroquinolones, although effective for certain types of infections, are generally not used for this condition due to concerns regarding resistance and side effects, as well as their broader spectrum of activity, which is unnecessary for typical cases of acute otitis media. Thus, the recommendation for

9. What defines Stage 2 Hypertension?

- A. 120/80
- B. 140/90
- C. 160/100**
- D. 180/110

Stage 2 Hypertension is characterized by consistently elevated blood pressure readings. According to current guidelines, Stage 2 Hypertension is defined as having a systolic blood pressure of 140 mmHg or higher and/or a diastolic blood pressure of 90 mmHg or higher. The selected option, which states 160/100, falls within the criteria for Stage 2 Hypertension. At this level, there is a significant increased risk for cardiovascular events, and it often requires pharmacologic intervention as part of management to reduce the risk of complications associated with high blood pressure. In contrast, the other readings provided—120/80 and 140/90—represent normal blood pressure and Stage 1 Hypertension, respectively. The reading of 180/110 indicates severely elevated hypertension, which is often classified as hypertensive urgency or emergency, and generally necessitates immediate medical intervention. Therefore, the choice of 160/100 as representative of Stage 2 Hypertension aligns with the established medical standards for categorizing blood pressure levels.

10. What age group of children should undergo blood cultures and possibly receive ceftriaxone for fever of 38°C or higher?

- A. Less than 28 days
- B. 28 days to 3 months**
- C. 3 months to 2 years
- D. 2 years to 5 years

Children aged 28 days to 3 months who present with a fever of 38°C or higher merit special attention due to their heightened risk of serious bacterial infections. This age group is particularly vulnerable because their immune systems are still developing, and they may have a higher likelihood of infections that could progress rapidly. The guidelines suggest that these infants should undergo blood cultures to identify potential bacterial pathogens, as their febrile illness could be indicative of significant issues such as meningitis, urinary tract infections, or bacteremia. Ceftriaxone is often administered as broad-spectrum intravenous therapy in this age group while further diagnostic tests are conducted, addressing the potential for severe illness and ensuring timely management. The rationale for this approach stems from studies indicating that infants within this age range have a greater incidence of serious infections than older children. As children grow older, the likelihood of encountering severe infections decreases, which is why this particular age group is prioritized for immediate evaluation and treatment in cases of fever.

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://emergencymedeor.examzify.com>

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

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