

EMERGENCY MEDICINE IN-TRAINING EXAMINATION (EM- ITE) 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

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- 1. What is a significant vestibular effect caused by lateral medullary infarction?**
 - A. Diplopia
 - B. Ataxia
 - C. Vomiting
 - D. Vertigo

- 2. What is the most likely diagnosis for a patient with fever, cough, shortness of breath, and normal vital signs with nonspecific infiltrative changes on chest X-ray?**
 - A. Atypical pneumonia
 - B. Pneumococcal pneumonia
 - C. Acute bronchitis
 - D. Chronic obstructive pulmonary disease

- 3. Which of the following is the reversal agent for Dabigatran?**
 - A. Andexanet alfa
 - B. Idarucizumab
 - C. Protamine sulfate
 - D. Vitamin K

- 4. A patient presents with bilateral pitting edema and sleep apnea. What is the appropriate next diagnostic step?**
 - A. CXR
 - B. Echocardiogram
 - C. CT scan of the chest
 - D. Blood gases analysis

- 5. According to Sgarbossa Criteria, how many points is discordant ST elevation of 5 mm in leads with a negative QRS worth?**
 - A. 2 points
 - B. 3 points
 - C. 4 points
 - D. 5 points

- 6. Which clinical presentation is characterized by irregular fever paroxysms?**
- A. Typhoid fever
 - B. Meningitis
 - C. Malaria
 - D. Cholera
- 7. What is the first line of treatment for a patient experiencing a vaso-occlusive crisis with abdominal pain due to splenic infarction?**
- A. Oral pain medications
 - B. Intravenous pain medications
 - C. Muscle relaxants
 - D. Antidepressants
- 8. Which tax form is used for independent contractors?**
- A. W-2
 - B. 1099
 - C. Schedule C
 - D. W-4
- 9. Which of the following is NOT typically a feature of laryngomalacia?**
- A. Improvement when crying
 - B. Worsening when supine
 - C. Presence of wheezing
 - D. Resolved by 12 months
- 10. What is the initial treatment for acute lithium toxicity?**
- A. Normal saline
 - B. Activated charcoal
 - C. Hemodialysis
 - D. Calcium gluconate

Answers

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

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Explanations

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1. What is a significant vestibular effect caused by lateral medullary infarction?

- A. Diplopia
- B. Ataxia
- C. Vomiting
- D. Vertigo**

The significant vestibular effect caused by lateral medullary infarction is vertigo. This type of stroke affects the posterior circulation of the brain, particularly impacting the lateral medulla oblongata. This region is crucial for processing sensory information from the vestibular system, which is responsible for maintaining balance and spatial orientation. When a lateral medullary infarction occurs, the blood supply to the vestibular nuclei is compromised, leading to disturbances in balance and perception of motion. As a result, patients often experience vertigo, which is characterized by a sensation of spinning or movement when there is none. This symptom can be quite debilitating and is a direct result of dysfunction in the vestibular pathways. In contrast, the other effects listed—diplopia, ataxia, and vomiting—may occur due to a range of issues affecting the central nervous system but are not as specific to the vestibular impact of lateral medullary infarction. Diplopia relates more to cranial nerve involvement, ataxia could stem from cerebellar damage or proprioceptive loss, and vomiting can be associated with increased intracranial pressure or irritation of the vestibular system but is not the hallmark symptom of this specific infarction. Overall, vertigo stands out

2. What is the most likely diagnosis for a patient with fever, cough, shortness of breath, and normal vital signs with nonspecific infiltrative changes on chest X-ray?

- A. Atypical pneumonia**
- B. Pneumococcal pneumonia
- C. Acute bronchitis
- D. Chronic obstructive pulmonary disease

*The symptoms presented—fever, cough, shortness of breath—combined with the findings of nonspecific infiltrative changes on chest X-ray—strongly suggest atypical pneumonia. This type of pneumonia is commonly caused by organisms such as *Mycoplasma pneumoniae* or *Chlamydia pneumoniae*, which often produce more subtle symptoms and radiographic changes compared to typical bacterial pneumonia. Atypical pneumonia usually features a gradual onset of symptoms, including a non-productive cough and may occur in otherwise healthy individuals. The fact that the vital signs are normal may further indicate that the patient's respiratory distress is not as severe as what would be typically observed in more acute forms of pneumonia, like pneumococcal pneumonia, which often presents with high fever, chills, and more significant changes on physical examination. In contrast, pneumococcal pneumonia is often associated with acute, severe symptoms and focal infiltrates on chest imaging, rather than the nonspecific patterns seen here. Acute bronchitis primarily presents with cough, may include some mild fever, but typically does not produce significant infiltrative changes on chest X-ray. Lastly, chronic obstructive pulmonary disease (COPD) is characterized by a history of long-term smoking or exposure to irritants and presents with chronic respiratory*

3. Which of the following is the reversal agent for Dabigatran?

- A. Andexanet alfa
- B. Idarucizumab**
- C. Protamine sulfate
- D. Vitamin K

Dabigatran is a direct thrombin inhibitor used for anticoagulation. The reversal agent specifically designed for Dabigatran is idarucizumab. It is a monoclonal antibody fragment that binds to dabigatran with high affinity, effectively neutralizing its anticoagulant effect. This is particularly important in situations of major bleeding or when urgent surgery is needed, as it allows for rapid restoration of normal coagulation function. Idarucizumab works quickly, and its use is indicated in patients who have taken Dabigatran and need immediate reversal of its effects, differentiating it from other reversal agents that address different anticoagulants. Other agents listed, such as andexanet alfa (used for factor Xa inhibitors) and protamine sulfate (used for heparin reversal), do not act on Dabigatran. Vitamin K is primarily used for reversing the effects of vitamin K antagonists like warfarin and is not effective against Dabigatran. Thus, idarucizumab is the appropriate and correct choice for reversing the anticoagulant effects of Dabigatran.

4. A patient presents with bilateral pitting edema and sleep apnea. What is the appropriate next diagnostic step?

- A. CXR
- B. Echocardiogram**
- C. CT scan of the chest
- D. Blood gases analysis

The presence of bilateral pitting edema along with sleep apnea suggests potential cardiovascular involvement, particularly heart failure, as pulmonary congestion can lead to fluid retention and bilateral edema. An echocardiogram is the most appropriate next diagnostic step in this situation because it allows for direct assessment of the heart's function, structure, and any possible abnormalities such as left ventricular dysfunction, which could explain the patient's symptoms. An echocardiogram can provide crucial information about ejection fraction, chamber sizes, and the presence of any valvular heart disease or other cardiac pathologies that might be contributing to the patient's symptoms. This data helps guide further management and treatment decisions effectively. In comparison, a chest X-ray (CXR) can provide limited information and may not definitively assess cardiac function or structure. A CT scan of the chest can be useful for evaluating pulmonary conditions, but it is more invasive and less focused on cardiac evaluation than an echocardiogram. Blood gases analysis, while useful in assessing respiratory function, does not provide specific information about cardiac structure or function. Therefore, the echocardiogram is the most relevant and informative next step in this clinical scenario.

5. According to Sgarbossa Criteria, how many points is discordant ST elevation of 5 mm in leads with a negative QRS worth?

A. 2 points

B. 3 points

C. 4 points

D. 5 points

The Sgarbossa Criteria are used to identify myocardial infarction in patients with left bundle branch block (LBBB) or paced rhythms. According to these criteria, there are specific scenarios that are associated with points assigned based on the presence and morphology of ST segment abnormalities. When considering discordant ST elevation, the key detail is that discordant ST elevation refers to ST segment elevation that occurs in leads that display a negative QRS complex. In this case, if there is discordant ST elevation of 5 mm or more in such leads, it is indeed worth 2 points according to the Sgarbossa Criteria. This is designed to help quantify the likelihood of an acute myocardial infarction occurring, adjusting for the presence of LBBB or other confounding factors. This scoring system helps clinicians to assess the risk of serious cardiac events in patients presenting with atypical ECG changes, making it a vital tool in emergency medicine practice.

6. Which clinical presentation is characterized by irregular fever paroxysms?

A. Typhoid fever

B. Meningitis

C. Malaria

D. Cholera

The clinical presentation of irregular fever paroxysms is most indicative of malaria. In malaria, patients typically experience fever that occurs in cycles, often described as paroxysms. These fevers can be intermittent or constantly fluctuating, depending on the Plasmodium species causing the infection. The characteristic pattern of fever can be paroxysmal, leading to episodes of intense chills, high fever, and sweating. In contrast, typhoid fever typically presents with a sustained, continuous fever rather than irregular peaks and troughs. Meningitis can also cause fever, but it is usually accompanied by other symptoms like headache, neck stiffness, and altered mental status. Cholera primarily results in watery diarrhea and is less associated with a specific fever pattern. Thus, malaria's unique intermittent fever presentation makes it the correct choice in this context.

7. What is the first line of treatment for a patient experiencing a vaso-occlusive crisis with abdominal pain due to splenic infarction?

- A. Oral pain medications
- B. Intravenous pain medications**
- C. Muscle relaxants
- D. Antidepressants

In a vaso-occlusive crisis, particularly in patients with sickle cell disease, the primary goal is to manage pain effectively, as this acute complication can lead to severe and debilitating discomfort. Intravenous pain medications are considered the first line of treatment because they provide rapid and effective relief of severe pain, which is often associated with splenic infarction during a vaso-occlusive episode. The efficacy of intravenous analgesics, such as opioids, is well recognized in emergency settings, where swift relief is crucial for patient comfort and to prevent further complications such as increased stress responses that can exacerbate the underlying condition. In contrast, oral pain medications are generally reserved for less severe pain as they may not provide the necessary prompt relief in acute cases. Muscle relaxants and antidepressants do not address the underlying cause of the pain in vaso-occlusive crisis and are not effective treatments for this specific pain management scenario. Therefore, intravenous pain medications are the most appropriate and effective choice for immediate pain management in this situation.

8. Which tax form is used for independent contractors?

- A. W-2
- B. 1099**
- C. Schedule C
- D. W-4

The 1099 form is specifically designated for reporting income paid to independent contractors. When businesses hire independent contractors, they are not considered employees; instead, contractors are classified as self-employed individuals. As such, businesses report the payments made to these contractors using the 1099 form, which details the total payment made within a year. The 1099 form, particularly the 1099-MISC or 1099-NEC (the latter being more common for reporting non-employee compensation), is essential for self-employed individuals when they file their taxes, as it reflects their earnings and helps them report their income accurately to the IRS. In contrast, the W-2 is used for employees, reporting wages and withholdings; Schedule C is part of the personal income tax return for reporting business income or loss, while the W-4 is a form filled out by employees to indicate their tax withholding preferences. Each of these forms serves different purposes within the realm of taxation, but the 1099 is the correct choice for independent contractors, ensuring they document the income earned from various clients.

9. Which of the following is NOT typically a feature of laryngomalacia?

- A. Improvement when crying
- B. Worsening when supine
- C. Presence of wheezing**
- D. Resolved by 12 months

Laryngomalacia is a condition characterized by the soft, floppy tissue of the larynx that collapses inward during inhalation, leading to airway obstruction. The typical presentation includes stridor, which is a high-pitched sound caused by turbulent airflow in the narrowed airways, particularly during inspiration. One of the hallmark features of laryngomalacia is that symptoms tend to improve when the infant is in an upright position and may worsen when the infant is lying supine. This positional change can reduce airway obstruction, as gravity helps keep the airway more open. Interestingly, laryngomalacia may lead to increased stridor or respiratory distress during periods of crying or agitation, but the nature of the airflow disturbance does not generally result in wheezing, which is more commonly associated with lower airway issues, such as asthma or bronchospasm. Additionally, the condition is expected to resolve as the child grows, often by 12 months of age, as the laryngeal structures mature and the tissue becomes less floppy. Therefore, the presence of wheezing is not a typical feature of laryngomalacia, making it the correct response to identify as the option that is not characteristic of this condition.

10. What is the initial treatment for acute lithium toxicity?

- A. Normal saline**
- B. Activated charcoal
- C. Hemodialysis
- D. Calcium gluconate

The initial treatment for acute lithium toxicity focuses on the immediate stabilization of the patient and addressing hydration status. Administering normal saline is crucial because it helps to restore intravascular volume and promote renal excretion of lithium. Adequate hydration is essential in the management of lithium toxicity, as it can help reduce serum lithium levels by enhancing renal clearance of the drug. In cases of acute poisoning, especially with substances like lithium, hydration can alleviate some of the toxic effects while allowing the body to naturally excrete the excess lithium over time. This is particularly important because lithium has a narrow therapeutic window, and elevated levels can lead to serious complications, including neurological effects and renal impairment. While activated charcoal can be considered in cases of recent ingestion to limit further absorption of the drug, its role is more specific to certain poisonings, and it is not the first-line treatment in lithium toxicity unless the ingestion occurred very shortly before presentation. Hemodialysis is indeed a definitive treatment for severe lithium toxicity but is typically reserved for cases where there is significant toxicity or renal failure and not for initial management. Calcium gluconate is used to treat calcium channel blocker or magnesium toxicity and does not apply to lithium poisoning, making it irrelevant in this context.

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://emergencymedicineite.examzify.com>

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

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