

EMERGENCY MEDICINE IN-TRAINING EXAMINATION (EM- ITE) 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. What is the most significant factor of the EKG with saddleback type Brugada pattern?**
 - A. Upright or biphasic T wave following a descent to the baseline
 - B. Flat ST segment followed by a normal T wave
 - C. Inverted T wave with no ST segment changes
 - D. Presence of ventricular ectopy

- 2. What is the appropriate treatment for a patient with strawberry cervix?**
 - A. Azithromycin
 - B. Metronidazole
 - C. Doxycycline
 - D. Ceftriaxone

- 3. What is the first step in managing testicular torsion?**
 - A. Immediate surgery
 - B. Administer pain medication
 - C. External rotation of the testicle
 - D. Ultrasound examination

- 4. What is the initial treatment for acute lithium toxicity?**
 - A. Normal saline
 - B. Activated charcoal
 - C. Hemodialysis
 - D. Calcium gluconate

- 5. What is the most common sign associated with pulmonary embolism?**
 - A. Bradycardia
 - B. Hypotension
 - C. Tachycardia
 - D. Tachypnea

6. In a young woman with a history of infertility presenting with a spontaneous right hemothorax, what is the most likely diagnosis?
- A. Ovarian cyst rupture
 - B. Endometriosis
 - C. Pregnancy complication
 - D. Pelvic inflammatory disease
7. Cyanotic congenital heart lesions include all of the following except?
- A. Tricuspid atresia
 - B. Ostium primum defect
 - C. Tetralogy of Fallot
 - D. Total anomalous pulmonary venous return
8. What is the recommended treatment for spontaneous bacterial peritonitis in a patient on peritoneal dialysis?
- A. Cefepime and vancomycin
 - B. Ceftriaxone and albumin
 - C. Azithromycin and metronidazole
 - D. Levofloxacin and albumin
9. What is the reversal agent for Rivaroxaban and Apixaban?
- A. Idarucizumab
 - B. Andexanet alfa
 - C. Prothrombin complex concentrate
 - D. Cryoprecipitate
10. What is the main focus of treatment for severe lithium toxicity with renal failure?
- A. Increase hydration
 - B. Administer diuretics
 - C. Hemodialysis
 - D. Prescribe sedatives

Answers

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

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Explanations

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1. What is the most significant factor of the EKG with saddleback type Brugada pattern?

- A. Upright or biphasic T wave following a descent to the baseline**
- B. Flat ST segment followed by a normal T wave
- C. Inverted T wave with no ST segment changes
- D. Presence of ventricular ectopy

The Brugada pattern on an EKG is characterized by a specific morphology that is a key feature in the diagnosis of Brugada syndrome, which is associated with an increased risk of ventricular arrhythmias and sudden cardiac death. The most significant factor of the saddleback type Brugada pattern is the presence of an upright or biphasic T wave that follows a slight downsloping ST segment that descends to the baseline. This distinctive pattern is considered a hallmark of the Brugada syndrome and is crucial for identifying patients at risk for life-threatening arrhythmias. The upright or biphasic T wave signifies the abnormal repolarization characteristic of Brugada syndrome, setting it apart from other EKG changes that might present in different conditions. This morphology helps healthcare professionals make early diagnoses, which are essential for managing patients to prevent potential complications. Other options provided do not reflect the distinctive ECG findings associated with the saddleback type of the Brugada pattern, thus highlighting why the upright or biphasic T wave is the most relevant factor.

2. What is the appropriate treatment for a patient with strawberry cervix?

- A. Azithromycin
- B. Metronidazole**
- C. Doxycycline
- D. Ceftriaxone

*Strawberry cervix is a clinical term often associated with trichomoniasis, a sexually transmitted infection caused by the parasite *Trichomonas vaginalis*. The characteristic appearance of a strawberry cervix refers to a pattern of erythema and petechiae on the cervix. The most appropriate treatment for trichomoniasis is metronidazole. This medication is effective against anaerobic bacteria and protozoa, making it the first-line therapy for this specific infection. Metronidazole can be administered orally or vaginally, with the oral route being more widely used in clinical practice. While azithromycin, doxycycline, and ceftriaxone are appropriate treatments for other infections (azithromycin for chlamydia, doxycycline for syphilis and other infections, and ceftriaxone for gonorrhea), they are not the first-choice therapies for trichomoniasis. In this context, metronidazole is the most targeted and effective treatment option, which directly addresses the underlying infection associated with the presentation of a strawberry cervix.*

3. What is the first step in managing testicular torsion?

- A. Immediate surgery
- B. Administer pain medication
- C. External rotation of the testicle**
- D. Ultrasound examination

The management of testicular torsion is a critical time-sensitive issue. The first step involves attempting an external rotation of the testicle, which is a maneuver to relieve torsion. This is because the torsion occurs due to the testicle twisting around its vascular pedicle, and if the torsion can be resolved manually, it can restore blood flow and prevent testicular necrosis. It is important to note that this maneuver should be followed by definitive surgical intervention to secure the testicle and prevent future occurrences. While surgery is indeed the definitive treatment required, it is not considered the first step. Administering pain medication may be appropriate for comfort but does not address the urgent need to resolve the torsion. An ultrasound examination can be used to assess blood flow to the testicle and confirm the diagnosis, but this should not delay management in the face of a clinical suspicion of torsion. Immediate intervention is crucial given the risk of testicular loss, making the external rotation the first step in management before surgical fixation is performed.

4. 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.

5. What is the most common sign associated with pulmonary embolism?

- A. Bradycardia
- B. Hypotension
- C. Tachycardia
- D. Tachypnea**

Tachypnea is the most common sign associated with pulmonary embolism due to the body's response to decreased oxygenation and impaired blood flow within the pulmonary circulation. When a pulmonary embolism occurs, it obstructs blood flow to a portion of the lungs, leading to ventilation-perfusion mismatch and potential hypoxia. In reaction to this situation, the respiratory rate increases as the body attempts to compensate for the reduced oxygen levels, resulting in tachypnea. This rapid breathing is a compensatory mechanism that reflects the pulmonary distress associated with the embolism. While other signs and symptoms such as chest pain, hemoptysis, or syncope may also be present, tachypnea stands out as the most prevalent clinical finding in patients with pulmonary embolism.

6. In a young woman with a history of infertility presenting with a spontaneous right hemothorax, what is the most likely diagnosis?

- A. Ovarian cyst rupture
- B. Endometriosis**
- C. Pregnancy complication
- D. Pelvic inflammatory disease

In a young woman with a history of infertility who presents with a spontaneous right hemothorax, endometriosis stands out as the most likely diagnosis due to several key factors. Endometriosis involves the presence of endometrial tissue outside the uterus, which can lead to various complications, including the formation of endometriomas (cysts) on the ovaries and the potential for these to rupture, leading to hemorrhage. When this cystic rupture occurs, it can indeed cause bleeding into the abdominal cavity, which may present as a hemothorax if there is adhesion or direct extension of the endometriosis to the diaphragm and thoracic cavity. The history of infertility in this patient is also significant, as endometriosis is a common cause of infertility in women of childbearing age. Infertility often arises from the distortions of normal pelvic anatomy and function due to endometrial tissue inappropriately located. While other options like ovarian cyst rupture can cause abdominal pain and bleeding, they are less likely to lead directly to a hemothorax on their own without the specific anatomical connections that endometriosis might cause. Pregnancy complications could also lead to bleeding but are less probable given the information that the woman has a

7. Cyanotic congenital heart lesions include all of the following except?

- A. Tricuspid atresia
- B. Ostium primum defect**
- C. Tetralogy of Fallot
- D. Total anomalous pulmonary venous return

Cyanotic congenital heart lesions are characterized by the presence of desaturated blood flow, leading to cyanosis due to a right-to-left shunt or other mechanisms that allow deoxygenated blood to enter systemic circulation. Each of the other conditions listed is associated with varying degrees of cyanosis. In the case of ostium primum defect, which is a type of atrial septal defect associated with atrioventricular septal defects, the shunting is typically left-to-right due to the higher pressure in the left atrium compared to the right atrium. This condition usually does not lead to cyanosis because it primarily causes increased pulmonary blood flow without allowing deoxygenated blood to bypass the lungs like the other listed conditions. Tricuspid atresia, Tetralogy of Fallot, and total anomalous pulmonary venous return all disrupt normal blood flow patterns leading to cyanosis in patients. Tricuspid atresia involves a right-to-left shunt, causing deoxygenated blood to enter the systemic circulation, and Tetralogy of Fallot is characterized by a combination of four abnormalities that also causes a right-to-left shunt. Total anomalous pulmonary venous return results in the pulmonary veins draining into the right atrium instead

8. What is the recommended treatment for spontaneous bacterial peritonitis in a patient on peritoneal dialysis?

- A. Cefepime and vancomycin**
- B. Ceftriaxone and albumin
- C. Azithromycin and metronidazole
- D. Levofloxacin and albumin

Spontaneous bacterial peritonitis (SBP) is a serious infection that occurs commonly in patients with cirrhotic liver disease and in individuals on peritoneal dialysis due to the presence of ascitic fluid. The recommended treatment for SBP in this context involves the use of broad-spectrum intravenous antibiotics to effectively cover the most common pathogens, which are typically gram-negative bacteria like *Escherichia coli* and gram-positive bacteria such as *Streptococcus*. Cefepime, a fourth-generation cephalosporin, provides strong coverage against gram-negative organisms, particularly those that may be resistant. When combined with vancomycin, which is effective against gram-positive organisms, this combination addresses the typical bacteria associated with SBP. This dual therapy approach is particularly important in the context of patients receiving peritoneal dialysis, as their risk for multidrug-resistant organisms is heightened. Therefore, the use of cefepime and vancomycin is a clinically appropriate choice for treating SBP effectively. In contrast to other combinations, the included options such as ceftriaxone and albumin do not offer the same level of comprehensive coverage, particularly against resistant organisms. Similarly, azithromycin and metronidazole are not first-line agents for SBP

9. What is the reversal agent for Rivaroxaban and Apixaban?

- A. Idarucizumab
- B. Andexanet alfa**
- C. Prothrombin complex concentrate
- D. Cryoprecipitate

The reversal agent for Rivaroxaban and Apixaban is Andexanet alfa. This agent specifically serves to counteract the anticoagulant effects of these direct factor Xa inhibitors, which are commonly used to prevent and treat thromboembolic events. Andexanet alfa functions as a recombinant modifications of factor Xa that competes with Rivaroxaban and Apixaban, thereby reversing their anticoagulant effects effectively. In situations requiring rapid reversal of their actions, such as during a bleeding event or prior to urgent surgery, Andexanet alfa provides a targeted approach compared to other reversal or pro-coagulation agents. The development of this specific reversal agent represents a significant advancement in the management of patients receiving these newer anticoagulants, allowing for better safety profiles in emergencies where anticoagulation can pose substantial risks. Other options, while relevant in various contexts of anticoagulation management, do not specifically target the action of Rivaroxaban and Apixaban in the same way that Andexanet alfa does. For example, Idarucizumab is a specific reversal agent for dabigatran, the direct thrombin inhibitor, and Prothrombin complex concentrate and cryoprecipitate are generally used in the reversal

10. What is the main focus of treatment for severe lithium toxicity with renal failure?

- A. Increase hydration
- B. Administer diuretics
- C. Hemodialysis**
- D. Prescribe sedatives

In cases of severe lithium toxicity, especially when accompanied by renal failure, the primary focus of treatment is hemodialysis. Lithium is primarily excreted by the kidneys, and in the setting of renal failure, the elimination of lithium from the body is significantly impaired. Consequently, lithium levels can rise to dangerous levels, leading to toxicity. Hemodialysis is effective in rapidly removing lithium from the bloodstream, particularly because lithium does not have significant protein binding and is small enough to be filtered during dialysis. This treatment not only helps in removing excess lithium but also addresses the metabolic derangements that can occur as a result of lithium toxicity. Increasing hydration or utilizing diuretics may seem like reasonable approaches; however, they are often ineffective for lithium clearance in severe toxicity. Diuretics can actually exacerbate renal failure or lead to volume depletion, which is not desirable in this scenario. Sedatives would not address the underlying issue of lithium accumulation and toxicity, and they might even complicate the patient's condition due to potential respiratory depression and altered mental status from lithium's central nervous system effects. Thus, hemodialysis stands out as the most definitive and effective treatment in such cases.

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:

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

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