

Hippo Urgent Care Bootcamp Practice Test (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. A woman who is not sexually active has vaginal bleeding for more than one month. Her hemoglobin is 11 g/dL. What is the most appropriate next step in management?**
 - A. Refer to OB/GYN**
 - B. Begin iron supplementation**
 - C. Schedule pelvic ultrasound**
 - D. Endometrial biopsy**

- 2. A 36-year-old man presents with dizziness and nausea since awakening four hours ago. When he turns a certain way in bed, he feels as though he is on a carousel, but the symptoms resolve after about a minute. He has had two episodes of nonbloody vomiting; vital signs are normal and neurologic examination is intact. What is the most appropriate next step?**
 - A. Romberg test**
 - B. Head impulse test**
 - C. CT head**
 - D. Dix-Hallpike Maneuver**

- 3. A 40-year-old woman with worsening mouth pain and facial swelling after extraction of a mandibular molar; she cannot fully open her mouth. Which is the most appropriate management?**
 - A. Oral antibiotics**
 - B. Observation**
 - C. CT scan**
 - D. Transfer to the emergency department**

- 4. In a non-sexually active female with vaginal bleeding for over a month and a hemoglobin of 11 g/dL, what is the most appropriate next step in management?**
 - A. Schedule pelvic ultrasound**
 - B. Begin iron supplementation**
 - C. Endometrial biopsy**
 - D. Refer to OB/GYN**

5. A 24-year-old woman with three days of fatigue and bloody diarrhea; Exam shows dry mucous membranes and absent bilateral patellar reflexes. What is the most appropriate next step?
- A. Administer IV antibiotics
 - B. Transfer to ED
 - C. Begin oral rehydration and discharge
 - D. Administer IV antiemetics
6. A 23-year-old man with painful urination and urethral discharge; urinalysis shows leukocyte esterase positive but is negative for blood and nitrites. Which treatment is appropriate?
- A. Penicillin V potassium 500 mg qid for 7 days
 - B. One time dose of IM ceftriaxone 500 mg and doxycycline 100 mg twice daily for seven days
 - C. Azithromycin 1 g stat
 - D. Doxycycline 100 mg daily for 7 days
7. Which statement about the Glasgow Coma Scale is correct?
- A. Eye opening, verbal response, and motor response are assessed.
 - B. Eye opening only.
 - C. Verbal response only.
 - D. Pupil response is used to determine overall GCS, not the components.
8. A 6-year-old boy presents with a rash on the cheeks and a fine reticular pattern on the chest and arms with diffuse joint pains two days after a recent cold. The temperature is currently normal. What is the most appropriate management?
- A. Start antibiotics
 - B. Recommend acetaminophen or ibuprofen as needed
 - C. Initiate systemic steroids
 - D. Refer to rheumatology

- 9. A 15-day-old male with fussiness and a mildly red umbilical cord. Which is the most appropriate next step?**
- A. Transfer to ED**
 - B. Reassure and observe at home**
 - C. Apply topical antibiotic ointment**
 - D. Schedule a pediatric surgery consult**
- 10. Which of the following is the most likely diagnosis in a patient with chest pain radiating to the back, swallowing worsens symptoms, and subcutaneous crepitus after neck trauma?**
- A. Esophageal Rupture**
 - B. Myocardial Infarction**
 - C. Pneumothorax**
 - D. Pericarditis**

Answers

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

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Explanations

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1. A woman who is not sexually active has vaginal bleeding for more than one month. Her hemoglobin is 11 g/dL. What is the most appropriate next step in management?

- A. Refer to OB/GYN**
- B. Begin iron supplementation**
- C. Schedule pelvic ultrasound**
- D. Endometrial biopsy**

Persistent abnormal vaginal bleeding in a nonpregnant patient requires specialized gynecologic evaluation to identify the underlying cause and guide appropriate testing and treatment. The fact that bleeding has continued for more than a month signals a potential structural, hormonal, or other pathologic issue that cannot be safely managed with iron alone. Iron supplementation may help with the mild anemia, but it doesn't address the source of bleeding. A referral to obstetrics/gynecology ensures a thorough assessment and the right next steps, such as targeted imaging or endometrial sampling if indicated, to determine and treat the cause.

2. A 36-year-old man presents with dizziness and nausea since awakening four hours ago. When he turns a certain way in bed, he feels as though he is on a carousel, but the symptoms resolve after about a minute. He has had two episodes of nonbloody vomiting; vital signs are normal and neurologic examination is intact. What is the most appropriate next step?

- A. Romberg test**
- B. Head impulse test**
- C. CT head**
- D. Dix-Hallpike Maneuver**

This presentation fits benign paroxysmal positional vertigo (BPPV): brief episodes of spinning triggered by moving the head, with nausea, a normal neurologic exam, and quick resolution. BPPV happens when tiny crystals (otoconia) become dislodged and float into a semicircular canal, most often the posterior canal. When the head changes position, these crystals move the fluid and falsely signal spinning, producing a short vertigo spell. The Dix-Hallpike maneuver is the test of choice because it directly reproduces the head positions that provoke BPPV and typically triggers the characteristic vertigo along with a distinctive, direction-changing nystagmus. Performing this maneuver now would confirm the diagnosis and guide treatment. If positive, it is followed by canalith repositioning maneuvers (like the Epley maneuver) to move the crystals out of the canal and relieve symptoms. Why the other options aren't as helpful here: Romberg testing mainly assesses static balance and proprioception, not the brief, position-triggered vertigo of BPPV. The head impulse test evaluates the vestibulo-ocular reflex and would be more suggestive of an acute unilateral vestibular loss rather than BPPV. A CT head isn't indicated in a patient with isolated vertigo and a normal neurologic exam when a benign positional vertigo is suspected.

3. A 40-year-old woman with worsening mouth pain and facial swelling after extraction of a mandibular molar; she cannot fully open her mouth. Which is the most appropriate management?

A. Oral antibiotics

B. Observation

C. CT scan

D. Transfer to the emergency department

Recognizing a rapidly spreading dental infection that threatens the airway is the key idea here. Worsening mouth pain, facial swelling after a tooth extraction, and inability to fully open the mouth point to infection spreading into the facial spaces, which can quickly progress to airway obstruction (think of a dangerous process like Ludwig's angina). The safest, most appropriate step is urgent transfer to the emergency department for immediate evaluation and stabilization. In the ED, clinicians can assess the airway, start IV broad-spectrum antibiotics, provide pain control and fluids, and determine the need for surgical drainage or airway management. Oral antibiotics alone won't address the risk of airway compromise, and observation is unsafe given the potential for rapid deterioration. CT scanning can help delineate the extent of infection, but it should not delay access to urgent ED care where definitive treatment can begin.

4. In a non-sexually active female with vaginal bleeding for over a month and a hemoglobin of 11 g/dL, what is the most appropriate next step in management?

A. Schedule pelvic ultrasound

B. Begin iron supplementation

C. Endometrial biopsy

D. Refer to OB/GYN

Persistent abnormal vaginal bleeding over a month signals potential gynecologic pathology that warrants specialized evaluation. When bleeding is ongoing, the priority is to determine the underlying cause—structural issues like fibroids or polyps, hormonal imbalances, endometrial pathology, or other conditions—while also assessing and treating any resulting anemia. Involving obstetrics/gynecology ensures a coordinated, thorough workup and appropriate testing (such as imaging or biopsy) guided by the patient's age, risk factors, and exam findings. Iron supplementation may help with the mild anemia, but it doesn't address the source of bleeding. A pelvic ultrasound and any endometrial sampling would be pursued as part of the gynecologic evaluation rather than used as the immediate first step in primary care.

5. A 24-year-old woman with three days of fatigue and bloody diarrhea; Exam shows dry mucous membranes and absent bilateral patellar reflexes. What is the most appropriate next step?
- A. Administer IV antibiotics
 - B. Transfer to ED**
 - C. Begin oral rehydration and discharge
 - D. Administer IV antiemetics

The key point is recognizing a patient with dehydration and potential electrolyte disturbance from GI loss who needs urgent evaluation and treatment in a setting equipped to monitor and address these issues. Dry mucous membranes plus signs like absent reflexes point to significant volume depletion and likely electrolyte abnormalities (often hypokalemia from diarrhea). These problems can progress quickly and require IV fluids, electrolyte repletion, and diagnostic workup in a monitored environment. That's why the most appropriate next step is to transfer to the emergency department now, so she can receive IV fluid resuscitation, electrolyte correction, and appropriate testing. Outpatient options or treating only with antiemetics wouldn't address the dehydration or the possible electrolyte disturbance, and starting antibiotics without evidence of systemic infection or invasive disease isn't the immediate priority when her stability is in question. Initiating oral rehydration and discharge would risk ongoing dehydration and complications.

6. A 23-year-old man with painful urination and urethral discharge; urinalysis shows leukocyte esterase positive but is negative for blood and nitrites. Which treatment is appropriate?
- A. Penicillin V potassium 500 mg qid for 7 days
 - B. One time dose of IM ceftriaxone 500 mg and doxycycline 100 mg twice daily for seven days**
 - C. Azithromycin 1 g stat
 - D. Doxycycline 100 mg daily for 7 days

When a young man presents with urethral discharge and dysuria, the strongest approach is to treat empirically for the two most common causes of urethritis: *Neisseria gonorrhoeae* and *Chlamydia trachomatis*. The chosen regimen provides this dual coverage. A single dose of ceftriaxone given intramuscularly reliably treats gonorrhea, including strains with penicillin resistance. Adding doxycycline for seven days targets chlamydia, which often accompanies gonorrhea. This combination is preferred because it addresses both pathogens effectively, whereas doxycycline alone would miss gonorrhea, penicillin V would be ineffective due to resistance, and a one-time azithromycin dose doesn't reliably cover gonorrhea. If there's high suspicion of concurrent infection, obtain NAAT testing for both pathogens and treat partners, with counseling to avoid sex until therapy is completed.

7. Which statement about the Glasgow Coma Scale is correct?

- A. Eye opening, verbal response, and motor response are assessed.**
- B. Eye opening only.
- C. Verbal response only.
- D. Pupil response is used to determine overall GCS, not the components.

Glasgow Coma Scale measures consciousness by three observable domains: eye opening, verbal response, and motor response. Each domain is scored separately and then added together to give a total score from 3 to 15, with higher scores indicating greater responsiveness. This is why the statement that all three components are assessed is the correct description of how the GCS works. The other options misstate the scope: focusing on just one domain would miss important aspects of responsiveness, and pupil reaction is not used to determine the GCS score—pupil size or reaction can be informative in a broader exam, but the GCS itself is based on eye opening, verbal, and motor responses. In cases where a patient cannot be tested verbally (for example, if intubated), the verbal component may be marked as not testable, but the three-domain framework still underpins the scale.

8. A 6-year-old boy presents with a rash on the cheeks and a fine reticular pattern on the chest and arms with diffuse joint pains two days after a recent cold. The temperature is currently normal. What is the most appropriate management?

- A. Start antibiotics
- B. Recommend acetaminophen or ibuprofen as needed**
- C. Initiate systemic steroids
- D. Refer to rheumatology

This presentation is classic for erythema infectiosum (parvovirus B19) in a child: a facial rash with a subsequent fine lacy (reticular) rash on the trunk and arms, accompanied by transient joint pains after a recent viral illness. The joint symptoms are common in kids and are typically self-limited, not a sign of an ongoing inflammatory disease. The appropriate approach is supportive care to relieve symptoms. Giving acetaminophen or ibuprofen as needed provides effective relief for pain and any discomfort from the rash or arthralgia. Since this is a viral infection, antibiotics won't help. Systemic steroids aren't indicated for routine parvovirus-associated arthritis, and referral to rheumatology isn't needed unless joint symptoms persist or are unusually severe beyond what's typical. Focus on comfort, adequate fluids, and monitoring for any unusual signs, with the expectation that symptoms resolve as the illness runs its course.

9. A 15-day-old male with fussiness and a mildly red umbilical cord. Which is the most appropriate next step?

A. Transfer to ED

B. Reassure and observe at home

C. Apply topical antibiotic ointment

D. Schedule a pediatric surgery consult

Redness around the umbilical area in a neonate raises concern for an omphalitis, an infection that can progress quickly and involve deeper tissues or even the bloodstream. Because the patient is only 15 days old, a careful and timely evaluation is essential to determine the extent of infection and the appropriate management, which may include systemic antibiotics and possible surgical intervention. Involving a pediatric surgeon ensures proper assessment, imaging if needed, and decisions about drainage or operative care if there is deeper infection or abscess formation. This approach is more definitive than reassurance or topical treatment alone, and it prioritizes prompt, specialist-guided management to prevent serious complications.

10. Which of the following is the most likely diagnosis in a patient with chest pain radiating to the back, swallowing worsens symptoms, and subcutaneous crepitus after neck trauma?

A. Esophageal Rupture

B. Myocardial Infarction

C. Pneumothorax

D. Pericarditis

Painful tearing in the chest that gets worse when swallowing, along with subcutaneous crepitus after neck trauma, points to an esophageal rupture. When the esophagus tears, air and contents can leak into the mediastinum and soft tissues, creating mediastinal chest pain that often radiates to the back and a crackling sensation under the skin from subcutaneous emphysema. The neck trauma makes this injury more plausible because the cervical portion of the esophagus is vulnerable to blunt forces, and a full-thickness tear is a surgical emergency due to the risk of rapid infection and sepsis. The other conditions don't typically produce both swallowing-provoked pain and subcutaneous crepitus in this context: a heart attack explains chest pain but not tearing pain with swallowing or emphysema; a pneumothorax can cause chest pain and crepitus but swallowing isn't a defining feature; pericarditis presents with pleuritic chest pain and a different overall pattern and lacks crepitus. Emergent imaging and surgical management are critical if this diagnosis is suspected.

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://hippourgentcarebootcamp.examzify.com>

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

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