

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 15-month-old boy fell and has a small hematoma above the left eyebrow with no focal deficits. Which is the most appropriate management?**
 - A. Admit to hospital for observation**
 - B. Reassure the parents**
 - C. Order CT head**
 - D. Refer to neurosurgery**

- 2. 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.**

- 3. A 29-year-old woman presents with dysuria and urinary frequency for two days. Her last menstrual period was seven weeks ago. Urinalysis is positive for beta-hCG, shows moderate blood with moderate leukocyte esterase, and is positive for nitrites. Which is the most appropriate treatment?**
 - A. Ciprofloxacin**
 - B. Nitrofurantoin**
 - C. Cefpodoxime (She is pregnant)**
 - D. Amoxicillin**

- 4. An 18-month-old girl with fever to 38.9°C and ear pain has just completed a 10-day course of amoxicillin four days ago for a right ear infection. What is the most appropriate antibiotic regimen for this episode?**
 - A. 7-day course of amoxicillin, 45 mg/kg/day**
 - B. 10-day course of amoxicillin-clavulanic acid, 90 mg/kg/day**
 - C. 5-day course of azithromycin**
 - D. 14-day course of cefdinir**

- 5. A 16-year-old girl presents with postcoital bleeding for the past week. She has mucopurulent cervical discharge and friable cervix. A pregnancy test is negative. What is the most appropriate treatment?**
- A. Intramuscular administration of ceftriaxone 500 mg, and prescription for oral doxycycline 100 mg twice daily for seven days**
 - B. Oral azithromycin 1 g single dose**
 - C. Metronidazole alone**
 - D. Doxycycline alone**
- 6. A 49-year-old male with hypertension, diabetes, and smoking reports two weeks of intermittent chest pressure that worsens with activity and improves with rest. Currently, he is asymptomatic with no pain at rest. An ECG is described in the case. What is the next best step in management?**
- A. Refer to ED**
 - B. Refer to cardiology for outpatient testing**
 - C. Start a beta-blocker and arrange follow-up**
 - D. Schedule a treadmill stress test in clinic**
- 7. A 75-year-old man with sudden unilateral headache, nausea, halos, and conjunctival injection has a mid-dilated pupil. Which examination is most appropriate next step in diagnosis?**
- A. Tonometry**
 - B. Visual field testing**
 - C. Blood pressure measurement**
 - D. Slit-lamp exam**
- 8. A 4-year-old with unilateral purulent nasal discharge and a suspected nasal foreign body; what is the most appropriate initial action?**
- A. Attempt removal at the clinic**
 - B. Reassurance**
 - C. Start antibiotics**
 - D. Refer to ENT**

- 9. In an urgent care encounter for a displaced finger fracture with planned orthopedic follow-up, what documentation element is most important to document at the encounter?**
- A. Pain management plan**
 - B. Radiologic findings**
 - C. Orthopedic Follow-Up**
 - D. Discharge instructions**
- 10. A 15-day-old with mild umbilical cord redness and mild tenderness but no drainage. What is the most appropriate next step?**
- A. Reassure and observe at home**
 - B. Start oral antibiotics**
 - C. Order imaging**
 - D. Transfer to ED**

Answers

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

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Explanations

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1. A 15-month-old boy fell and has a small hematoma above the left eyebrow with no focal deficits. Which is the most appropriate management?

A. Admit to hospital for observation

B. Reassure the parents

C. Order CT head

D. Refer to neurosurgery

In young children with minor head trauma, the goal is to identify signs that would suggest intracranial injury. A small scalp hematoma above the eyebrow, in a 15-month-old, with no altered mental status, no vomiting, and no focal neurologic deficits, is considered low risk for serious brain injury. Imaging with a CT scan isn't necessary because the likelihood of injury is very low and the risks of radiation exposure outweigh the benefits in this scenario. The safest approach is to reassure the parents and discharge with clear return precautions. Provide instructions to monitor for red flags over the next 24-48 hours, and to seek urgent care if any of these occur: persistent or worsening vomiting, increasing sleepiness or unresponsiveness, new or worsening confusion, severe or escalating headache, any new weakness or trouble walking, seizures, or any signs of a deteriorating condition. If these symptoms develop, or if there are new concerning findings (such as repeated loss of consciousness, a severe mechanism with signs of skull fracture, or a large or expanding hematoma), then further evaluation would be warranted. Refer again if symptoms progress, but with no current red flags, reassurance and home observation is the appropriate management.

2. 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.

3. A 29-year-old woman presents with dysuria and urinary frequency for two days. Her last menstrual period was seven weeks ago. Urinalysis is positive for beta-hCG, shows moderate blood with moderate leukocyte esterase, and is positive for nitrites. Which is the most appropriate treatment?

- A. Ciprofloxacin**
- B. Nitrofurantoin**
- C. Cefpodoxime (She is pregnant)**
- D. Amoxicillin**

Treating a UTI in pregnancy requires using an antibiotic that's safe for the fetus and effective against common urinary pathogens. The nitrite-positive, leukocyte-positive urinalysis points to a bacterial cystitis caused by a gram-negative organism like *E. coli*, which is common in pregnancy. In early pregnancy, avoid fluoroquinolones due to fetal safety concerns and nitrofurantoin because of limited safety in the first trimester. Cefpodoxime, a cephalosporin, is considered safe in pregnancy and reliably covers Enterobacteriaceae, including *E. coli*, making it the best choice.

4. An 18-month-old girl with fever to 38.9°C and ear pain has just completed a 10-day course of amoxicillin four days ago for a right ear infection. What is the most appropriate antibiotic regimen for this episode?

- A. 7-day course of amoxicillin, 45 mg/kg/day**
- B. 10-day course of amoxicillin-clavulanic acid, 90 mg/kg/day**
- C. 5-day course of azithromycin**
- D. 14-day course of cefdinir**

When a child with acute otitis media has recently completed an antibiotic course, especially amoxicillin, and returns with fever and ear pain, the best approach is to switch to high-dose amoxicillin-clavulanic acid to cover organisms that produce beta-lactamase. The prior use of amoxicillin within the past month raises the chance that the common bacteria causing AOM (like *Haemophilus influenzae* and *Moraxella catarrhalis*) are resistant due to beta-lactamase, so adding clavulanate helps inhibit that resistance. Using a high-dose amoxicillin component (about 90 mg/kg/day, typically divided into two doses) ensures adequate drug levels to tackle these pathogens, and a 10-day course is appropriate for a young child with significant symptoms to promote full resolution. This option is preferable to repeating plain amoxicillin, which would be less effective after recent exposure. Azithromycin is less reliable for AOM due to variable activity against the usual pathogens and higher resistance rates. Cefdinir alone may not reliably cover beta-lactamase-producing organisms and is not the preferred step after amoxicillin failure.

5. A 16-year-old girl presents with postcoital bleeding for the past week. She has mucopurulent cervical discharge and friable cervix. A pregnancy test is negative. What is the most appropriate treatment?

- A. Intramuscular administration of ceftriaxone 500 mg, and prescription for oral doxycycline 100 mg twice daily for seven days**
- B. Oral azithromycin 1 g single dose**
- C. Metronidazole alone**
- D. Doxycycline alone**

This scenario tests how to treat cervicitis likely caused by *Neisseria gonorrhoeae* with possible coinfection by *Chlamydia trachomatis*. When a sexually active teen presents with friable cervix and mucopurulent discharge, gonorrhea is a top consideration, and chlamydia often accompanies it. Because gonorrhea has developed resistance to many antibiotics, the best initial approach is dual therapy that covers both organisms: administer ceftriaxone by intramuscular injection to treat gonorrhea, and provide doxycycline orally for seven days to cover chlamydia. This combination reduces the risk of ongoing infection and complications like pelvic inflammatory disease. The other options don't adequately cover both pathogens: metronidazole targets anaerobes and protozoa, not gonorrhea or chlamydia; doxycycline alone misses gonorrhea; azithromycin alone is not as reliable for treating gonorrhea in many guidelines. If pregnancy were a factor, doxycycline would be avoided and an alternative regimen would be used, but in this nonpregnant patient the ceftriaxone plus doxycycline plan is the most appropriate choice.

6. A 49-year-old male with hypertension, diabetes, and smoking reports two weeks of intermittent chest pressure that worsens with activity and improves with rest. Currently, he is asymptomatic with no pain at rest. An ECG is described in the case. What is the next best step in management?

- A. Refer to ED**
- B. Refer to cardiology for outpatient testing**
- C. Start a beta-blocker and arrange follow-up**
- D. Schedule a treadmill stress test in clinic**

Exertional chest pain in a middle-aged patient with several risk factors for coronary artery disease should trigger urgent evaluation for acute coronary syndrome. Even though the pain is now absent, this pattern plus the risk factors means ACS could be evolving, and the ECG described in the case likely raises concern for ischemia. The safest next step is referral to the emergency department so he can have rapid, serial ECGs and troponin testing, along with ACS protocol and monitoring. This approach allows immediate ruling in or out of unstable angina or NSTEMI and prevents delays that could occur with outpatient testing or starting therapy without a full ACS work-up. If ACS is ruled out, management then focuses on risk reduction and planning appropriate outpatient testing.

7. A 75-year-old man with sudden unilateral headache, nausea, halos, and conjunctival injection has a mid-dilated pupil. Which examination is most appropriate next step in diagnosis?

- A. Tonometry**
- B. Visual field testing**
- C. Blood pressure measurement**
- D. Slit-lamp exam**

This presentation points to acute angle-closure glaucoma, an eye emergency where rapid diagnosis is crucial. The essential step is to quantify intraocular pressure, and tonometry provides the direct, objective measurement of IOP needed to confirm the diagnosis. High intraocular pressure is what defines this condition and drives urgent treatment to prevent vision loss. A slit-lamp exam can support the diagnosis by showing a shallow anterior chamber or corneal edema, but it doesn't by itself establish how high the pressure is. The other options aren't immediate diagnostic tests for this acute situation, whereas tonometry gives the critical information to proceed with urgent care.

8. A 4-year-old with unilateral purulent nasal discharge and a suspected nasal foreign body; what is the most appropriate initial action?

- A. Attempt removal at the clinic**
- B. Reassurance**
- C. Start antibiotics**
- D. Refer to ENT**

The main idea is to remove the suspected foreign body promptly in the clinic under direct visualization. When a child presents with unilateral purulent nasal discharge and a high likelihood of a nasal foreign body, taking it out addresses the source of obstruction and infection right away, which can resolve the discharge and prevent complications such as persistent rhinitis or sinus involvement. Start with careful visualization and gentle suction or appropriate instrument use, ideally after reducing mucosal swelling with a topical decongestant. If removal is not easily achievable, if the object isn't visible, if the child won't tolerate the procedure, or if the object is high-risk (for example, a battery or a sharp item), refer to ENT for removal with proper equipment and anesthesia as needed. Reassurance alone won't treat the foreign body, and antibiotics aren't first-line unless there's a secondary, confirmed infection or after removal if symptoms persist.

9. In an urgent care encounter for a displaced finger fracture with planned orthopedic follow-up, what documentation element is most important to document at the encounter?

- A. Pain management plan**
- B. Radiologic findings**
- C. Orthopedic Follow-Up**
- D. Discharge instructions**

The key idea here is care coordination and ensuring a clear next step in treatment for a fracture that needs specialist input. When a finger fracture is displaced and you've arranged orthopedic follow-up, the most important thing to document at the encounter is the plan for orthopedic follow-up. This shows that you've actively arranged the next step with the appropriate specialty, which is essential for continuity of care and timely, definitive management. Documenting who the patient should see, how to contact the orthopedist, and the expected timeframe or appointment details helps guarantee that the patient doesn't fall through the cracks and that the orthopedic evaluation and any subsequent immobilization, reductions, or surgical considerations can proceed as indicated. Radiologic findings, while important, are already captured in the imaging report and charted findings. Pain management and discharge instructions are necessary, but without a clearly documented orthopedic follow-up plan, there's ambiguity about the next step in care and potential delays in definitive treatment.

10. A 15-day-old with mild umbilical cord redness and mild tenderness but no drainage. What is the most appropriate next step?

- A. Reassure and observe at home**
- B. Start oral antibiotics**
- C. Order imaging**
- D. Transfer to ED**

A neonate with any redness and tenderness around the umbilicus raises concern for an evolving infection that can progress quickly. The key idea here is to determine how deeply the infection has spread beyond the surface, because that depth of involvement drives how aggressively you need to treat. Imaging, particularly an ultrasound of the umbilical region, is a practical first step because it is noninvasive, readily available, and can reveal whether the infection is confined to the skin and subcutaneous tissues or has extended into deeper structures (such as a deeper cellulitis, abscess formation, or involvement of surrounding abdominal tissues). This helps you distinguish a simple superficial irritation from a more serious omphalitis that may require hospital-level care and IV antibiotics. If imaging shows only superficial involvement, you can treat appropriately with antibiotics and arrange close follow-up. If it shows a deeper infection or an abscess, you'd escalate to IV antibiotics and potential admission. Relying on reassurance alone could miss a progressing infection, and starting oral antibiotics without imaging may be insufficient if deeper disease is present. Transferring to the ED would be considered if the patient's condition worsens or if immediate imaging is not available, but obtaining imaging first is a reasonable next step to guide safe management.

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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