

HIPPO URGENT CARE BOOTCAMP PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 applying a splint, which step is essential?**
 - A. Perform neurovascular checks before and after splinting.
 - B. Secure the splint as tight as possible.
 - C. Ignore sensation changes.
 - D. Do not elevate the limb.
- 2. A 24-year-old man presents with itchy lesions on the hands and in the groin for two weeks. A photograph shows the rash. Which therapy is most appropriate?**
 - A. Topical Permethrin
 - B. Oral fluconazole
 - C. Topical mupirocin
 - D. Oral metronidazole
- 3. What are core antibiotic stewardship principles relevant to urgent care?**
 - A. Use broad-spectrum agents for most infections; avoid testing.
 - B. Use narrow-spectrum agents when possible; avoid antibiotics for likely viral infections; tailor duration and route; avoid unnecessary broad-spectrum drugs; use culture/sensitivity when available; educate patients about expectations.
 - C. Avoid cultures or sensitivities.
 - D. Always prescribe antibiotics for viral infections.
- 4. Which medication is most likely the culprit behind the diffuse tender erythroderma after starting therapy five days ago?**
 - A. Trimethoprim-sulfamethoxazole
 - B. Amoxicillin
 - C. Cephalexin
 - D. Doxycycline
- 5. What EKG findings indicate possible STEMI requiring emergent care?**
 - A. ST-segment elevation in at least two contiguous leads
 - B. New stable Q waves without symptoms
 - C. Isolated T-wave inversion
 - D. Normal EKG with chest pain

- 6. An HIV-positive patient with progressive leg redness and hypotension and CD4 count of 75 cells/ μ L presents; what is the most appropriate next step?**
- A. Oral antibiotics and follow-up
 - B. Transfer to ED
 - C. Wound care and discharge
 - D. Unsupervised home meds
- 7. In cases of a visible foreign body in the ear or nasal cavity, which management approach is most appropriate?**
- A. If visible, remove with an appropriate instrument; do not push deeper; refer if large or non-visible; irrigate the ear vigorously if debris present.
 - B. If visible, remove with an appropriate instrument; do not push deeper; avoid irrigating ears with suspected TM perforation; consider ENT referral for difficult cases.
 - C. If not visible, push the object deeper to relocate it.
 - D. Always refer to ENT regardless of size.
- 8. A 63-year-old patient with atrial fibrillation who presents with sudden focal neurologic deficits; what is the most likely mechanism of stroke?**
- A. Embolic occlusion from atrial fibrillation
 - B. Hypertensive intracerebral hemorrhage
 - C. Lacunar infarct from lipohyalinosis
 - D. Venous sinus thrombosis
- 9. A 22-year-old male presents with right shoulder pain while jumping on a trampoline. He denies numbness or weakness. Exam shows a normal neurovascular status. An X-ray is shown. What is the next best step in management?**
- A. Scapular manipulation
 - B. Immediate shoulder arthroscopy
 - C. Sling immobilization with PT
 - D. Open reduction and internal fixation

10. Which antibiotic is preferred for treating a lower urinary tract infection during pregnancy?

- A. Cefpodoxime
- B. Ciprofloxacin
- C. Trimethoprim-sulfamethoxazole
- D. Nitrofurantoin

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Answers

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

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Explanations

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1. In applying a splint, which step is essential?

- A. Perform neurovascular checks before and after splinting.**
- B. Secure the splint as tight as possible.
- C. Ignore sensation changes.
- D. Do not elevate the limb.

When applying a splint, performing neurovascular checks before and after splinting is essential. This establishes a baseline of circulation, sensation, and motor function and lets you detect any new or worsening problems caused by swelling or pressure from the splint. A thorough neurovascular assessment includes checking color and temperature of the fingers or toes, capillary refill, pulse presence, and the ability to move and feel in the affected limb. If you notice numbness, tingling, increased pain, pale or cool skin, or diminished pulses, you should adjust the splint or seek urgent evaluation. Securing the splint as tight as possible risks cutting off blood flow and nerve function. Ignoring changes in sensation or mood of the limb can miss early signs of compromise. Elevation of the limb can be helpful in many injuries, but it does not replace the critical need to monitor neurovascular status before and after splinting.

2. A 24-year-old man presents with itchy lesions on the hands and in the groin for two weeks. A photograph shows the rash. Which therapy is most appropriate?

- A. Topical Permethrin**
- B. Oral fluconazole
- C. Topical mupirocin
- D. Oral metronidazole

*This item tests recognizing scabies and knowing the best first-line therapy for it. The intense itching and a rash that involves the hands and groin areas fit classic scabies, an ectoparasitic infestation caused by *Sarcoptes scabiei*. The photograph in such questions typically shows the papules and burrows characteristic of scabies, which explains why a treatment that directly targets the mites is chosen. Topical permethrin 5% cream is the recommended first-line therapy. It's specifically effective against the mites and their eggs. The usual approach is to apply the cream to the entire body from the neck down (and include hands, feet, and genital area), leave it on for about 8–14 hours, then wash off. Because scabies spreads readily in close contacts and through shared bedding and clothing, all household or close contacts should be treated at the same time, and contaminated items should be laundered or sealed in plastic bags for several days. A second dose may be considered if symptoms persist or if the infestation is heavy. The other options don't address the underlying parasite. Fluconazole is for fungal infections, mupirocin targets bacteria, and metronidazole targets anaerobic bacteria or certain protozoa, not scabies.*

3. What are core antibiotic stewardship principles relevant to urgent care?

- A. Use broad-spectrum agents for most infections; avoid testing.
- B. Use narrow-spectrum agents when possible; avoid antibiotics for likely viral infections; tailor duration and route; avoid unnecessary broad-spectrum drugs; use culture/sensitivity when available; educate patients about expectations.**
- C. Avoid cultures or sensitivities.
- D. Always prescribe antibiotics for viral infections.

Antibiotic stewardship in urgent care centers centers on using antibiotics responsibly to treat bacterial infections while minimizing harm from side effects and resistance. The best approach is to use narrow-spectrum agents when a bacterial infection is likely and targeted, avoid antibiotics for illnesses that are likely viral, and tailor how long and by what route the medicine is given to the specific situation. It also means avoiding unnecessary broad-spectrum drugs and using culture or sensitivity testing when available to guide therapy so you can de-escalate to the most appropriate option. Educating patients about what to expect and when antibiotics are actually needed helps reduce pressure to prescribe inappropriately. This combination protects patient safety, reduces adverse events and costs, and helps keep effective antibiotics available for when they're truly needed. Options that promote treating viral infections with antibiotics, rely on broad-spectrum agents without testing, or skip cultures miss these essential stewardship steps.

4. Which medication is most likely the culprit behind the diffuse tender erythroderma after starting therapy five days ago?

- A. Trimethoprim-sulfamethoxazole**
- B. Amoxicillin
- C. Cephalexin
- D. Doxycycline

Severe drug-induced skin reactions can show up within days to weeks after starting a new medicine, and they often present as widespread, painful, red skin that may involve tenderness and sometimes mucous membranes. In this scenario, starting a new antibiotic five days ago with diffuse tender erythroderma strongly points to a serious cutaneous adverse reaction, most classically Stevens-Johnson syndrome/TEN. Trimethoprim-sulfamethoxazole is a well-known trigger for these severe reactions, particularly because of its sulfonamide component. The immune system can mount a cytotoxic attack on keratinocytes in response to the drug or its metabolites, leading to widespread skin damage and detachment characteristic of SJS/TEN. While other antibiotics can cause rashes, they are less commonly associated with this severe, widespread, tender eruption, making TMP-SMX the most likely culprit in this presentation. If this is suspected, discontinue the drug immediately and seek urgent medical evaluation, as SJS/TEN require prompt assessment and supportive care.

5. What EKG findings indicate possible STEMI requiring emergent care?

A. ST-segment elevation in at least two contiguous leads

B. New stable Q waves without symptoms

C. Isolated T-wave inversion

D. Normal EKG with chest pain

ST-segment elevation in two or more contiguous leads signals acute transmural injury from a coronary occlusion, which is the hallmark of STEMI and requires urgent reperfusion. The elevation reflects current of injury across a regional area of the heart, so leads that look at the same area (contiguous) will all show elevated ST segments. This is why it's the best answer: it directly indicates an ongoing, life-threatening myocardial infarction needing emergent care. Other patterns don't indicate an acute STEMI in the same way. New Q waves without symptoms suggest a prior infarct. Isolated T-wave inversion can occur with ischemia or repolarization changes but isn't diagnostic of STEMI. A normal EKG with chest pain does not point to STEMI.

6. An HIV-positive patient with progressive leg redness and hypotension and CD4 count of 75 cells/ μ L presents; what is the most appropriate next step?

A. Oral antibiotics and follow-up

B. Transfer to ED

C. Wound care and discharge

D. Unsupervised home meds

Urgent evaluation for a potentially life-threatening infection in an immunocompromised patient. A CD4 count of 75 cells/ μ L shows advanced HIV with high susceptibility to rapid, severe infections. The combination of progressive leg redness and hypotension signals possible septic progression or septic shock, and may indicate a rapidly spreading soft-tissue infection that could require surgical intervention. Such a scenario requires hospital-based care with IV fluids, broad-spectrum IV antibiotics, and continuous monitoring, often in an emergency department setting. Outpatient oral antibiotics, wound care and discharge, or unsupervised home meds would delay essential treatment and risk worsening illness. Transferring to the ED is the appropriate next step.

7. In cases of a visible foreign body in the ear or nasal cavity, which management approach is most appropriate?

A. If visible, remove with an appropriate instrument; do not push deeper; refer if large or non-visible; irrigate the ear vigorously if debris present.

B. If visible, remove with an appropriate instrument; do not push deeper; avoid irrigating ears with suspected TM perforation; consider ENT referral for difficult cases.

C. If not visible, push the object deeper to relocate it.

D. Always refer to ENT regardless of size.

A safety-first approach under direct visualization is the key. When a foreign body is visible in the ear or nose, the best move is to remove it with an appropriate instrument while watching what you're doing, rather than manipulating it blindly or trying aggressive techniques. Pushing the object deeper is risky because it can lodge the item further, damage delicate structures, or complicate removal. In the ear, avoid irrigation if there's any possibility of a tympanic membrane perforation. Irrigation can force debris into the middle ear or cause further injury, so it's safer to rely on careful instrumentation under direct view. If the object is large or difficult to remove, or not readily visible, involve ENT for specialist removal. This approach minimizes trauma, reduces the chance of complications, and provides a clear path to escalation when needed.

8. A 63-year-old patient with atrial fibrillation who presents with sudden focal neurologic deficits; what is the most likely mechanism of stroke?

- A. Embolic occlusion from atrial fibrillation**
- B. Hypertensive intracerebral hemorrhage
- C. Lacunar infarct from lipohyalinosis
- D. Venous sinus thrombosis

Atrial fibrillation promotes clot formation in the left atrium due to irregular, ineffective contractions, especially in the left atrial appendage. A piece of that clot can break off and travel to cerebral arteries, lodging and causing abrupt occlusion that leads to an ischemic stroke. This cardioembolic mechanism is the typical cause of sudden focal neurologic deficits in someone with AF, because a large artery in the brain can be blocked quickly by an embolus, producing focal signs corresponding to the territory supplied. Hypertensive intracerebral hemorrhage would involve bleeding into brain tissue from ruptured small vessels, not an abrupt occlusion by an embolus. Lacunar infarcts from lipohyalinosis affect small penetrating vessels and usually produce small, deep brain strokes with more limited or stereotyped deficits. Venous sinus thrombosis presents differently, often with headache and signs of increased intracranial pressure or seizures, rather than a single abrupt focal deficit from arterial occlusion.

9. A 22-year-old male presents with right shoulder pain while jumping on a trampoline. He denies numbness or weakness. Exam shows a normal neurovascular status. An X-ray is shown. What is the next best step in management?

- A. Scapular manipulation**
- B. Immediate shoulder arthroscopy
- C. Sling immobilization with PT
- D. Open reduction and internal fixation

Acute anterior shoulder dislocation in a young, active patient is best managed with prompt closed reduction to realign the humeral head into the glenoid. Scapular manipulation is a reduction technique used in the emergency setting that applies controlled scapular movement and gentle traction to guide the humeral head back into place. It's effective, can be done quickly with appropriate analgesia or sedation, and avoids invasive surgery when the joint is stable and there's no neurovascular compromise. After achieving reduction, obtain repeat imaging to confirm realignment and check for associated injuries, and reassess neurovascular status. Then immobilize the arm in a sling and start a physical therapy plan after a short period of immobilization to restore range of motion and strength. If reduction isn't possible, if there's fracture, or if a posterior dislocation or other complex injury is suspected, more advanced management would be required.

10. Which antibiotic is preferred for treating a lower urinary tract infection during pregnancy?

- A. Cefpodoxime**
- B. Ciprofloxacin
- C. Trimethoprim-sulfamethoxazole
- D. Nitrofurantoin

Treating a lower urinary tract infection in pregnancy hinges on choosing an antibiotic with a strong safety profile for the fetus while still being effective against common urinary pathogens. Cefpodoxime fits this goal because it's a cephalosporin with good fetal safety data and reliable activity against typical UTI organisms, making it a safer, well-tolerated option during pregnancy. Ciprofloxacin, a fluoroquinolone, is avoided in pregnancy due to potential effects on fetal cartilage development, so it's not preferred. Trimethoprim-sulfamethoxazole is generally avoided, especially in the first trimester and late pregnancy, because of risks to the fetus from folate interruption and potential neonatal jaundice or kernicterus. Nitrofurantoin can be problematic late in pregnancy due to a risk of neonatal hemolysis, and its safety profile is less favorable for a pregnant patient with a UTI compared with cephalosporins. So, the best choice is the antibiotic that combines effectiveness with the strongest safety data for both mother and developing fetus in this scenario.

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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