

MEDICAL FIDSAP V2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 law enforcement assessment of a conscious patient shows heart rate 124, respiratory rate 22, glucose 58 mg/dL, and moist, cool skin. What should you suspect?**
 - A. Hypoglycemia
 - B. Respiratory acidosis
 - C. Hypomagnesia
 - D. Ketoacidosis

- 2. Which presentation most strongly supports cholecystitis in a patient with right upper quadrant pain?**
 - A. RUQ pain, nausea, vomiting, low-grade fever, tachycardia
 - B. Severe chest pain radiating to arm
 - C. RLQ pain with rebound tenderness
 - D. Bilateral leg edema

- 3. In aplastic anemia, the reticulocyte count is typically?**
 - A. High reticulocyte count
 - B. Low reticulocyte count due to impaired marrow production
 - C. Normal reticulocyte count
 - D. Elevated reticulocytes with increased marrow activity

- 4. During a transfusion reaction with urticaria, which medication is commonly given to treat the reaction?**
 - A. Lidocaine
 - B. Ketamine
 - C. Diphenhydramine
 - D. Atropine

- 5. Which statement best describes the initial management priorities in anaphylaxis?**
 - A. Administer intramuscular epinephrine and maintain airway and hemodynamics.
 - B. Only observe for 24 hours.
 - C. Start intravenous antibiotics immediately.
 - D. Perform immediate intubation in all cases.

- 6. A diver with abdominal pain after ascent should be transported to which facility?**
- A. Oxygen only
 - B. Pain management and observation
 - C. Air transport to hospital
 - D. Rapid ground transport to hyperbaric chamber
- 7. A 71-year-old female presents with dyspnea and wheezing of unknown origin. After treating the hypoxia, what is the next best step in management?**
- A. Administer epinephrine to the patient
 - B. Obtain additional information to determine the cause
 - C. Apply CPAP mask to the patient
 - D. Administer corticosteroids to the patient
- 8. Why is transport to hospital critical for sickle cell patients who are having a crisis?**
- A. The condition may require a blood transfusion
 - B. Cardiorespiratory collapse is imminent
 - C. Sickle cell is a life-threatening emergency
 - D. Patients require immediate surgical intervention
- 9. Metformin is most commonly prescribed for which condition?**
- A. Hypertension
 - B. Diabetes
 - C. Epilepsy
 - D. Alzheimer's disease
- 10. Which laboratory finding would support a diagnosis of hepatitis C?**
- A. Positive anti-HCV antibodies
 - B. Elevated amylase
 - C. Hyperkalemia
 - D. Low bilirubin

Answers

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

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Explanations

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1. A law enforcement assessment of a conscious patient shows heart rate 124, respiratory rate 22, glucose 58 mg/dL, and moist, cool skin. What should you suspect?

- A. Hypoglycemia**
- B. Respiratory acidosis
- C. Hypomagnesemia
- D. Ketoacidosis

Low blood sugar drives a sympathetic response that raises heart rate and breathing as the body tries to elevate glucose availability. A glucose of 58 mg/dL is clearly hypoglycemic, and in a conscious patient the tachycardia, mild tachypnea, and moist, cool skin fit that response. This combination points most strongly to hypoglycemia as the cause of the observed vitals and skin findings. Ketoacidosis would typically involve high blood glucose with signs of dehydration and a deep, rapid breathing pattern (Kussmaul) due to metabolic acidosis, not a low glucose. Respiratory acidosis centers on CO₂ retention and poor ventilation, which doesn't explain the low glucose. Hypomagnesemia can cause rhythm changes or neuromuscular symptoms but doesn't account for the clear hypoglycemia shown by the glucose value.

2. Which presentation most strongly supports cholecystitis in a patient with right upper quadrant pain?

- A. RUQ pain, nausea, vomiting, low-grade fever, tachycardia**
- B. Severe chest pain radiating to arm
- C. RLQ pain with rebound tenderness
- D. Bilateral leg edema

Cholecystitis is an inflammation of the gallbladder that classically presents with right upper quadrant pain along with systemic signs of inflammation, such as nausea, vomiting, fever (often low-grade), and a faster heart rate. The combination in this presentation fits both the local gallbladder region and a mild systemic inflammatory response, which is typical for acute cholecystitis rather than a purely biliary colic. The other options point to different problems: chest pain radiating to the arm suggests a cardiac event; rebound tenderness in the lower right quadrant suggests appendicitis or peritoneal irritation; bilateral leg edema points to venous or cardiac/renal issues unrelated to gallbladder inflammation. Therefore, the described RUQ pain with nausea, vomiting, low-grade fever, and tachycardia most strongly supports cholecystitis.

3. In aplastic anemia, the reticulocyte count is typically?

- A. High reticulocyte count
- B. Low reticulocyte count due to impaired marrow production**
- C. Normal reticulocyte count
- D. Elevated reticulocytes with increased marrow activity

The reticulocyte count reflects how actively the bone marrow is producing new red blood cells in response to anemia. In aplastic anemia, the bone marrow is failing and becomes hypocellular, with little production of all blood cell lines. Because the marrow can't efficiently generate red cell precursors, the circulating reticulocytes stay low even though the patient is anemic. This reduced reticulocyte count demonstrates the lack of marrow response characteristic of marrow failure. In contrast, conditions like acute blood loss or hemolysis stimulate the marrow to produce more red cells, leading to a higher reticulocyte count.

4. During a transfusion reaction with urticaria, which medication is commonly given to treat the reaction?

- A. Lidocaine
- B. Ketamine
- C. Diphenhydramine**
- D. Atropine

Histamine release during a transfusion reaction drives the urticaria, itching, and flushing. The way to relieve these symptoms is to block the effects of histamine on its receptors. Diphenhydramine is an antihistamine that blocks H1 receptors, reducing the wheal-and-flare reaction and itching characteristic of urticaria. That makes it the common choice for this scenario. The other drugs listed don't address histamine-driven symptoms: lidocaine is a local anesthetic/antiarrhythmic, ketamine is an anesthetic, and atropine is an antimuscarinic.

5. Which statement best describes the initial management priorities in anaphylaxis?

- A. Administer intramuscular epinephrine and maintain airway and hemodynamics.**
- B. Only observe for 24 hours.
- C. Start intravenous antibiotics immediately.
- D. Perform immediate intubation in all cases.

Anaphylaxis requires rapid reversal of the allergic response, with attention to airway, breathing, and circulation. The most important step is administering epinephrine promptly by the intramuscular route, which quickly reduces airway edema, relaxes bronchospasm, and improves blood pressure. This treatment choice directly addresses the life-threatening aspects of the reaction and often buys time for additional care. After giving epinephrine, focus on maintaining a clear airway, providing oxygen, and supporting circulation, while closely monitoring the patient. Observing without treatment misses the urgent need to reverse the reaction. Starting antibiotics has no role in the initial management of anaphylaxis unless there is another infection present. Intubation is only necessary if there is a true, current airway compromise, not in every case. Adjuncts like antihistamines or steroids can be used later, but they do not replace the need for timely epinephrine.

6. A diver with abdominal pain after ascent should be transported to which facility?

- A. Oxygen only
- B. Pain management and observation
- C. Air transport to hospital
- D. Rapid ground transport to hyperbaric chamber**

Decompression illness is the situation here. After ascent, gas bubbles can form in tissues and blood, causing pain and organ symptoms—abdominal pain can be one presentation. The essential treatment is rapid recompression in a hyperbaric chamber with high flow oxygen, which reduces bubble size and improves tissue oxygenation. Because time matters, the patient should be transported as quickly as possible to a facility equipped for hyperbaric therapy, so they can receive definitive treatment without delay. Giving oxygen or providing only pain relief helps comfort, but it doesn't address the underlying issue of gas bubbles, so it's not adequate on its own. Pushing for rapid ground transport to a hyperbaric chamber ensures the best chance of a full recovery.

7. A 71-year-old female presents with dyspnea and wheezing of unknown origin. After treating the hypoxia, what is the next best step in management?

- A. Administer epinephrine to the patient
- B. Obtain additional information to determine the cause**
- C. Apply CPAP mask to the patient
- D. Administer corticosteroids to the patient

After correcting the low oxygen, the priority is to figure out what is causing the dyspnea and wheezing. Many different conditions can present with these symptoms in an elderly patient—heart failure with pulmonary edema, COPD or asthma flare, pneumonia, pulmonary embolism, or even an anaphylactic reaction. Without knowing the exact cause, starting targeted therapy (like epinephrine, CPAP, or steroids) may be inappropriate or even harmful. To uncover the etiology, gather focused information and perform targeted testing: obtain a quick history (onset and progression of symptoms, exposures, prior lung or heart disease, meds), complete a focused exam, and monitor vitals and oxygenation. Diagnostics help differentiate cardiogenic from noncardiogenic processes and guide treatment. This typically includes chest imaging (to look for edema, infection, or consolidation), an ECG, and labs such as BNP, troponin, CBC, electrolytes, and possibly arterial blood gas. Based on the resulting data, you can tailor therapy to the underlying problem rather than applying a broad treatment approach.

8. Why is transport to hospital critical for sickle cell patients who are having a crisis?

- A. The condition may require a blood transfusion
- B. Cardiorespiratory collapse is imminent**
- C. Sickle cell is a life-threatening emergency
- D. Patients require immediate surgical intervention

In a sickle cell crisis the body is under stress from vaso-occlusion, and serious complications can develop quickly, affecting breathing and circulation. Getting to a hospital promptly ensures immediate monitoring and treatment to prevent rapid decline, including administering oxygen, IV fluids, and effective pain relief, and quickly identifying problems like lung or heart complications, infection, or shock. Although many crises are painful and require care, the most critical reason to transport right away is to prevent cardiorespiratory collapse as the condition can deteriorate much faster than expected. Transfusion, surgery, or other interventions may be needed, but those decisions depend on how the crisis evolves, which is why urgent hospital care is essential.

9. Metformin is most commonly prescribed for which condition?

- A. Hypertension
- B. Diabetes**
- C. Epilepsy
- D. Alzheimer's disease

Metformin is a first-line medication for type 2 diabetes because it lowers glucose production in the liver and improves the body's sensitivity to insulin, helping to reduce blood sugar levels and HbA1c without causing hypoglycemia when used alone. This makes it the most common prescription among the options listed for managing a diabetic condition. It isn't used to treat hypertension, epilepsy, or Alzheimer's disease, which require different kinds of therapies aimed at blood pressure control, seizure management, or cognitive decline, respectively. In short, metformin tackles the core issue of excess glucose production in type 2 diabetes, which is why it's the go-to choice.

10. Which laboratory finding would support a diagnosis of hepatitis C?

A. Positive anti-HCV antibodies

B. Elevated amylase

C. Hyperkalemia

D. Low bilirubin

Positive anti-HCV antibodies indicate exposure to hepatitis C virus and are used as a screening tool to support a diagnosis. They show that the immune system has encountered the virus. However, to confirm active infection, a test for HCV RNA is needed, since antibodies can persist even after the virus is cleared. By contrast, elevated amylase points to pancreatic issues, hyperkalemia isn't a typical feature of hepatitis C, and bilirubin is usually elevated in liver dysfunction, not low. So the finding that best supports hepatitis C is positive anti-HCV antibodies.

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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://medicalfidsalv2.examzify.com>

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

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