

PAEA Emergency Medicine EOR Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. Which class of calcium channel blockers is known as DHP (dihydropyridine)?**
 - A. Amlodipine, Verapamil**
 - B. Nifedipine, Diltiazem**
 - C. Nifedipine, Amlodipine**
 - D. Verapamil, Diltiazem**

- 2. During handgrip, what physiologic change occurs that affects murmur intensity?**
 - A. Decreased afterload**
 - B. Increased preload**
 - C. Increased afterload**
 - D. Decreased venous return**

- 3. What condition is indicated by blood in the anterior chamber of the eye?**
 - A. Conjunctivitis**
 - B. Hyphema**
 - C. Corneal abrasion**
 - D. Retinal detachment**

- 4. What is a common side effect of SSRIs that may affect the patient's daily life?**
 - A. Confusion**
 - B. Hyperactivity**
 - C. Sexual dysfunction**
 - D. Severe fatigue**

- 5. What is the main contraindication for administering thrombolytics in ischemic stroke?"**
 - A. Recent minor surgery**
 - B. Severe headache**
 - C. Blood pressure $\geq 185/110$**
 - D. Chest pain**

6. What is a significant potential complication of metformin therapy?

- A. Hypoglycemia**
- B. Lactic acidosis**
- C. Weight gain**
- D. Cardiovascular issues**

7. What is a lifestyle change recommended for managing irritable bowel syndrome?

- A. Increasing alcohol consumption**
- B. Smoking cessation**
- C. Avoiding fiber**
- D. Reducing physical activity**

8. What is the most common cause of left-sided heart failure?

- A. Hypertension**
- B. Coronary artery disease**
- C. Myocarditis**
- D. Valvular heart disease**

9. What is a leading symptom of Takotsubo cardiomyopathy?

- A. Sudden heart failure**
- B. Severe left chest pain**
- C. Emotional stress**
- D. Shortness of breath**

10. What medications are usually avoided in patients experiencing vasospastic angina?

- A. Calcium channel blockers**
- B. Beta-blockers**
- C. ACE inhibitors**
- D. Anticoagulants**

Answers

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

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Explanations

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1. Which class of calcium channel blockers is known as DHP (dihydropyridine)?

- A. Amlodipine, Verapamil**
- B. Nifedipine, Diltiazem**
- C. Nifedipine, Amlodipine**
- D. Verapamil, Diltiazem**

The class of calcium channel blockers known as DHP (dihydropyridine) includes agents like nifedipine and amlodipine. Dihydropyridines are primarily used for their vasodilatory effects, making them effective in lowering blood pressure and managing conditions such as hypertension and angina by dilating blood vessels. Nifedipine was one of the earliest dihydropyridine calcium channel blockers introduced into clinical practice. Amlodipine, a newer agent, also belongs to this group and is often favored for its prolonged action and once-daily dosing. Dihydropyridine calcium channel blockers target L-type calcium channels but primarily in vascular smooth muscle, resulting in relaxation and decreased peripheral resistance. In contrast, the other options contain non-dihydropyridine calcium channel blockers like verapamil and diltiazem, which have different mechanisms of action involving effects on both vascular smooth muscle and myocardial tissue, leading to a decrease in heart rate and myocardial contractility in addition to vasodilation. These distinctions are crucial for understanding the therapeutic uses and potential side effects of each drug class.

2. During handgrip, what physiologic change occurs that affects murmur intensity?

- A. Decreased afterload**
- B. Increased preload**
- C. Increased afterload**
- D. Decreased venous return**

During a handgrip maneuver, there is an increase in systemic vascular resistance, which leads to an increase in afterload. This physiological change has a significant impact on the intensity of heart murmurs, particularly those associated with aortic regurgitation and mitral regurgitation. When the afterload is increased, the heart has to work harder to pump blood against the higher pressure in the aorta or systemic circulation. In cases of aortic regurgitation, for example, the left ventricle's volume overload becomes more pronounced, and the murmur associated with the regurgitation may become louder as a result. Similarly, in mitral regurgitation, the increased afterload may increase the severity of the backflow and thus enhance the murmur's intensity. Ultimately, understanding how handgrip affects hemodynamics—specifically, how it increases afterload—helps in recognizing and interpreting changes in murmur intensity during a physical examination. This principle is essential in evaluating various cardiac conditions and understanding their underlying pathophysiology.

3. What condition is indicated by blood in the anterior chamber of the eye?

- A. Conjunctivitis**
- B. Hyphema**
- C. Corneal abrasion**
- D. Retinal detachment**

Blood in the anterior chamber of the eye is specifically referred to as hyphema. This condition occurs when there is bleeding in the space between the cornea and the iris, which can happen due to trauma, eye surgeries, or certain medical conditions. The presence of blood in this area can lead to increased intraocular pressure and may affect vision, highlighting the importance of proper diagnosis and management. Hyphema can range in severity, from a small amount of blood that may not significantly affect vision to a complete filling of the anterior chamber, which poses a greater risk for complications such as glaucoma. Management often includes protecting the eye, controlling intraocular pressure, and monitoring for potential complications. In contrast, conditions such as conjunctivitis primarily involve the conjunctiva and do not present with blood in the anterior chamber. A corneal abrasion involves damage to the cornea, often leading to pain and tearing but without blood accumulation in the anterior chamber. Retinal detachment is characterized by symptoms like flashes or floaters and may involve serious visual disturbances, but it does not result in blood within the anterior chamber either. This distinction is crucial for medical evaluation and treatment in an emergency setting.

4. What is a common side effect of SSRIs that may affect the patient's daily life?

- A. Confusion**
- B. Hyperactivity**
- C. Sexual dysfunction**
- D. Severe fatigue**

Sexual dysfunction is a well-documented and common side effect associated with selective serotonin reuptake inhibitors (SSRIs). This class of medications, often prescribed for depression and anxiety disorders, can affect various aspects of sexual health, including libido, arousal, and orgasm. Many patients report difficulties such as delayed ejaculation, anorgasmia, or reduced sexual desire, which can significantly impact their daily lives, relationships, and overall quality of life. Understanding this side effect is crucial for both patients and healthcare providers, as it helps manage expectations about treatment and fosters open communication regarding concerns with sexual health. Addressing sexual dysfunction may involve adjusting the medication dosage, switching to a different antidepressant that may have a lower incidence of sexual side effects, or incorporating adjunctive therapies. This knowledge empowers patients to discuss any issues confidently, ensuring comprehensive care while on SSRIs.

5. What is the main contraindication for administering thrombolytics in ischemic stroke?"

- A. Recent minor surgery**
- B. Severe headache**
- C. Blood pressure ≥185/110**
- D. Chest pain**

The main contraindication for administering thrombolytics in ischemic stroke is blood pressure that exceeds 185/110 mmHg. Elevated blood pressure poses a significant risk when using thrombolytics because the medications can increase the likelihood of hemorrhagic transformation of the stroke or other potentially life-threatening bleeding complications. When the blood pressure is too high, it raises the risk of causing bleeding in the brain or exacerbating existing hemorrhages, which would negate the benefits of clot dissolution in a stroke patient. Other factors, while they may warrant caution, do not carry the same level of severity. For instance, recent minor surgery or severe headache might suggest concerns, but they do not represent absolute contraindications when evaluated in the overall context of the patient's condition. Likewise, chest pain could indicate other issues, but it doesn't restrict the use of thrombolytics unless tied to other complicating factors. Thus, maintaining blood pressure within a safe range is crucial when considering thrombolytic therapy in the treatment of ischemic stroke.

6. What is a significant potential complication of metformin therapy?

- A. Hypoglycemia**
- B. Lactic acidosis**
- C. Weight gain**
- D. Cardiovascular issues**

Lactic acidosis is a significant potential complication of metformin therapy primarily due to the drug's mechanism of action and its effects on metabolic processes. Metformin is known to inhibit gluconeogenesis in the liver, which can lead to a buildup of lactate in the bloodstream under certain conditions, particularly in patients with impaired kidney function, dehydration, or other predisposing factors. When the clearance of metformin is reduced, there is an increased risk of lactate accumulation. This can lead to lactic acidosis, characterized by symptoms such as nausea, vomiting, abdominal pain, and rapid breathing, which can become life-threatening if not addressed promptly. Regular monitoring of renal function and appropriate patient selection are crucial in minimizing this risk. In contrast, while hypoglycemia can occur with other diabetes medications, metformin generally has a low risk of causing this adverse effect. Weight gain is not typically associated with metformin; in fact, it is often noted for promoting weight loss or weight neutrality in contrast to some other diabetes medications. Cardiovascular issues are not directly linked as a complication of metformin therapy; in fact, metformin has been shown to have potential cardiovascular benefits.

7. What is a lifestyle change recommended for managing irritable bowel syndrome?

- A. Increasing alcohol consumption**
- B. Smoking cessation**
- C. Avoiding fiber**
- D. Reducing physical activity**

Smoking cessation is a recommended lifestyle change for managing irritable bowel syndrome (IBS) because smoking can exacerbate gastrointestinal symptoms. Nicotine affects the motility of the gastrointestinal tract, potentially leading to increased symptoms such as cramping and diarrhea in individuals with IBS. By quitting smoking, patients may experience an improvement in their digestive health and overall symptom relief. In contrast, increasing alcohol consumption, avoiding fiber, and reducing physical activity can all negatively impact IBS symptoms. Alcohol can irritate the gastrointestinal tract and worsen symptoms, while fiber is often recommended (depending on the individual's specific IBS subtype) for its ability to help regulate bowel movements. Maintaining a regular physical activity level is generally beneficial for digestive health and can help relieve stress, which is a common trigger for IBS symptoms. Therefore, smoking cessation stands out as a positive lifestyle change specifically aimed at helping manage IBS effectively.

8. What is the most common cause of left-sided heart failure?

- A. Hypertension**
- B. Coronary artery disease**
- C. Myocarditis**
- D. Valvular heart disease**

The most common cause of left-sided heart failure is coronary artery disease. This condition arises when plaque builds up in the coronary arteries, leading to reduced blood flow to the heart muscle. Over time, this diminished blood supply can weaken the heart's ability to pump effectively, resulting in heart failure. Patients often present with symptoms such as shortness of breath, fatigue, and fluid retention, which are characteristic of left-sided heart failure. Coronary artery disease is prevalent due to various risk factors, including age, smoking, high blood pressure, high cholesterol, diabetes, and a sedentary lifestyle. It is critical in the context of heart failure, as it may lead to ischemic heart disease, where the heart muscle does not receive adequate oxygen, further impairing its function and contributing to heart failure. While conditions like hypertension, myocarditis, and valvular heart disease can also lead to left-sided heart failure, they are not as common or as significant a cause as coronary artery disease. Thus, understanding the role of coronary artery disease is essential for recognizing and managing left-sided heart failure effectively.

9. What is a leading symptom of Takotsubo cardiomyopathy?

- A. Sudden heart failure**
- B. Severe left chest pain**
- C. Emotional stress**
- D. Shortness of breath**

The leading symptom of Takotsubo cardiomyopathy is often linked to emotional stress. This form of cardiomyopathy, sometimes referred to as "broken heart syndrome," typically occurs following an emotionally stressful event such as the loss of a loved one, extreme anxiety, or other significant life changes. Unlike other types of heart failure, Takotsubo cardiomyopathy can be triggered by these acute emotional experiences, leading to sudden and temporary weakening of the heart muscle. Other symptoms may present with Takotsubo cardiomyopathy, such as chest pain or shortness of breath, but the hallmark that distinguishes it is the connection to emotional stress. Understanding this link is crucial for recognizing and diagnosing the condition, particularly since patients may present similarly to those having a myocardial infarction (heart attack). This makes it essential to delve into the patient's recent emotional history when evaluating them for potential cardiomyopathy.

10. What medications are usually avoided in patients experiencing vasospastic angina?

- A. Calcium channel blockers**
- B. Beta-blockers**
- C. ACE inhibitors**
- D. Anticoagulants**

In patients experiencing vasospastic angina, beta-blockers are typically avoided due to their mechanism of action, which can potentially exacerbate vasospasm. Vasospastic angina is characterized by transient episodes of chest pain caused by coronary artery spasm. Beta-blockers work by blocking beta-adrenergic receptors, which can lead to unopposed α -receptor stimulation. This unopposed stimulation may result in increased vasoconstriction of the coronary arteries, worsening the episodes of angina rather than alleviating them. In contrast, calcium channel blockers are often used in the treatment of vasospastic angina because they directly promote vasodilation of coronary arteries and help prevent spasms. ACE inhibitors are generally considered neutral or beneficial in the setting of coronary artery disease and are not typically linked with worsening vasospastic episodes. Anticoagulants are not typically relevant in the context of vasospastic angina and are more associated with other cardiovascular events such as thrombosis rather than the management of vasospasm.

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://paeaemergencymedcor.examzify.com>

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

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