PAEA Emergency Medicine EOR Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Sample study guide. For the full version with hundreds of questions, visit:
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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.

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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!

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Questions

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1. What is a potential complication of untreated strep throat?

A. Otitis media

B. Rheumatic fever

C. Chronic bronchitis

D. Asthma

2. What term describes irregular, excessive bleeding between expected menstrual cycles?

A. Menorrhagia

B. Oligomenorrhea

C. Menometrorrhagia

D. Polymenorrhagia

3. Beta-blockers should be used cautiously in patients with what condition?

A. Bradycardia

B. Hypertrophic cardiomyopathy

C. Severe asthma

D. Previous myocardial infarction

4. What is the primary factor to evaluate when diagnosing hyponatremia?

A. Blood sugar levels

B. Urine electrolyte concentrations

C. Patient hydration status

D. Renal function tests

5. What are Wickham striae?

A. Crusty lesions on elbows

B. Fine white lines on lesions

C. Red spots around the mouth

D. Scaling rashes on the trunk

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6. What is the most common complication associated with Entamoeba histolytica infection?

A. Gastroenteritis

B. Amebic liver abscess

C. Diarrhea

D. Dehydration

7. What pathophysiological change occurs during a hypertensive emergency?

A. Decreased systemic vascular resistance

B. Increase in systemic vascular resistance

C. Reduced cardiac output

D. Improved endothelial function

8. What is Leriche's syndrome associated with?

A. Superficial thrombophlebitis

B. Peripheral arterial disease at the aortic bifurcation

C. Acute coronary syndrome

D. Deep venous thrombosis

9. What is a common symptom of foreign body aspiration?

A. Shortness of breath

B. Fever

C. Coughing and wheezing

D. Chest pain

10. In the case of acute back pain due to a fall in an elderly patient, which diagnosis should be considered?

A. Spinal stenosis

B. Lumbosacral strain

C. Spinal compression fracture

D. Herniated disc

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Answers

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

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Explanations

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1. What is a potential complication of untreated strep throat?

A. Otitis media

B. Rheumatic fever

C. Chronic bronchitis

D. Asthma

Rheumatic fever is a significant potential complication of untreated streptococcal pharyngitis, commonly known as strep throat. This inflammatory condition can develop after a streptococcal infection if not treated with appropriate antibiotics. The body's immune response to the infection mistakenly targets not only the bacteria but also its own tissues, particularly the heart, joints, skin, and nervous system. In the heart, this can lead to rheumatic heart disease, characterized by damage to the heart valves, which can have long-term consequences. Symptoms of rheumatic fever may include fever, joint pain, rash, and even carditis, which can manifest as chest pain or heart palpitations. Prompt recognition and treatment of strep throat with antibiotics significantly reduce the risk of developing rheumatic fever, highlighting the importance of managing this common condition effectively. Other potential complications of untreated strep throat may include otitis media, but they are generally less severe than the systemic implications of rheumatic fever. Chronic bronchitis and asthma are typically not direct complications of strep throat. Thus, rheumatic fever remains a critical concern in untreated cases.

2. What term describes irregular, excessive bleeding between expected menstrual cycles?

A. Menorrhagia

B. Oligomenorrhea

C. Menometrorrhagia

D. Polymenorrhagia

The term that describes irregular, excessive bleeding between expected menstrual cycles is menometrorrhagia. This condition is characterized by prolonged or heavy bleeding that occurs at irregular intervals, which means it can involve both increased frequency of menses and atypical bleeding patterns. Menometrorrhagia often indicates an underlying issue that may require further evaluation, such as hormonal imbalances, structural abnormalities (like fibroids or polyps), or other reproductive system disorders. Understanding this term is crucial for healthcare professionals who need to assess and manage patients presenting with abnormal uterine bleeding. Other options like menorrhagia refer specifically to heavy menstrual bleeding during the expected menstrual periods, oligomenorrhea indicates infrequent menstrual cycles, and polymenorrhagia describes very frequent menstrual cycles. These terms do not encompass the irregular and intermenstrual nature of the bleeding described in the correct answer.

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3. Beta-blockers should be used cautiously in patients with what condition?

A. Bradycardia

B. Hypertrophic cardiomyopathy

C. Severe asthma

D. Previous myocardial infarction

Beta-blockers should be used cautiously in patients with severe asthma because they can potentially induce bronchospasm. Beta-blockers work by blocking beta-adrenergic receptors, which include both beta-1 receptors (primarily affecting the heart) and beta-2 receptors (primarily affecting the lungs and vascular smooth muscle). While selective beta-1 blockers have a lower risk of causing bronchospasm, non-selective beta-blockers can block beta-2 receptors in the lungs, leading to constriction of the airways and difficulty in breathing. In patients with severe asthma, maintaining airway patency is critical, and the introduction of a medication that could exacerbate bronchoconstriction poses a significant risk. Therefore, careful consideration and usually alternative treatment options are advisable for individuals with this respiratory condition. In contrast, the other conditions listed do not carry the same level of concern when considering the use of beta-blockers. For instance, while bradycardia may be a concern since beta-blockers can further decrease heart rate, hypertrophic cardiomyopathy can actually involve their use for symptom management and prevention of cardiac outflow obstruction. In the case of a previous myocardial infarction, beta-blockers are often beneficial for reducing mortality and preventing subsequent

4. What is the primary factor to evaluate when diagnosing hyponatremia?

A. Blood sugar levels

B. Urine electrolyte concentrations

C. Patient hydration status

D. Renal function tests

When diagnosing hyponatremia, the primary factor to evaluate is the patient's hydration status. Understanding hydration status is essential because it helps differentiate between the different types of hyponatremia. For instance, patients may present with hypovolemic hyponatremia, euvolemic hyponatremia, or hypervolemic hyponatremia, each requiring a different management approach. Assessing hydration status involves looking at clinical signs and symptoms, such as blood pressure, heart rate, skin turgor, and presence of edema or dehydration, which provide valuable information regarding the overall fluid balance in the patient. This evaluation is crucial because phenotypic representations of thirst and their relationship to extracellular fluid volume can have a significant impact on sodium levels. Understanding whether a patient is hypovolemic, euvolemic, or hypervolemic helps guide the next steps in their management and treatment. While blood sugar levels, urine electrolyte concentrations, and renal function tests provide useful information, they serve as adjuncts in the evaluation and do not primarily dictate the diagnosis of hyponatremia. Blood sugar levels can affect serum sodium due to pseudohyponatremia, and urine electrolytes can assist in classification

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5. What are Wickham striae?

A. Crusty lesions on elbows

B. Fine white lines on lesions

C. Red spots around the mouth

D. Scaling rashes on the trunk

Wickham striae refer to the fine white lines that can be observed on the surface of certain types of lesions, particularly in conditions such as lichen planus. These striae are often described as being lace-like or reticular in appearance and can be found on the surface of the lesions as well as on adjacent normal skin. The presence of these striae is a key feature that helps differentiate lichen planus from other dermatological conditions. Recognizing Wickham striae is essential for accurate diagnosis, as they provide important clinical insight into the nature of the skin condition being examined.

6. What is the most common complication associated with Entamoeba histolytica infection?

A. Gastroenteritis

B. Amebic liver abscess

C. Diarrhea

D. Dehydration

Amebic liver abscess is indeed the most common complication associated with Entamoeba histolytica infection. While Entamoeba histolytica primarily causes intestinal disease, such as diarrhea and dysentery, the organism can also invade the intestinal wall leading to extraintestinal manifestations. The liver is a common site for this invasion, leading to the formation of abscesses. These abscesses occur due to the tissue necrosis resulting from the inflammatory response to the trophozoites of Entamoeba histolytica. Patients with amebic liver abscess may present with fever, right upper quadrant pain, and potential complications such as rupture into the peritoneal cavity, which can be life-threatening. Conversely, while gastroenteritis, diarrhea, and dehydration are associated with the initial intestinal phase of the infection, they are not considered complications in the same manner as an amebic liver abscess, which indicates more severe disease progression and is a significant concern in managing the overall impact of the infection. Understanding the typical progression of the disease emphasizes the importance of recognizing liver abscess as a serious complication likely to arise from an Entamoeba histolytica infection.

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7. What pathophysiological change occurs during a hypertensive emergency?

A. Decreased systemic vascular resistance

B. Increase in systemic vascular resistance

C. Reduced cardiac output

D. Improved endothelial function

In a hypertensive emergency, there is a significant increase in systemic vascular resistance. This occurs due to various factors, including vasoconstriction and increased vascular tone, which can be triggered by the release of catecholamines and other vasoactive substances in response to severe hypertension. The body compensates for high blood pressure, and the resistance in blood vessels increases, contributing to even higher blood pressure readings. The rise in systemic vascular resistance is critical in hypertensive emergencies because it poses a risk for end-organ damage, such as myocardial infarction, stroke, and renal failure. By increasing resistance, the heart must work harder to pump blood, which can lead to further complications including heart failure. Understanding this fundamental change is key in recognizing the urgency of managing hypertensive emergencies effectively to prevent long-term damage. Factors that would lead to decreased systemic vascular resistance or improved endothelial function typically do not apply in this scenario, as these would generally indicate more stable blood pressure conditions rather than a hypertensive crisis. Additionally, reduced cardiac output is not characteristic of hypertensive emergencies; rather, it often remains normal or even increased as the body tries to manage the elevated pressure.

8. What is Leriche's syndrome associated with?

A. Superficial thrombophlebitis

B. Peripheral arterial disease at the aortic bifurcation

C. Acute coronary syndrome

D. Deep venous thrombosis

Leriche's syndrome is specifically associated with peripheral arterial disease affecting the aortic bifurcation, which is the point where the abdominal aorta splits into the right and left common iliac arteries. This condition is characterized by significant blockage or narrowing of the blood vessels in this region, leading to insufficient blood flow to the pelvis and lower extremities. Patients with Leriche's syndrome may present with symptoms such as claudication (pain or cramping in the legs during activity due to inadequate blood flow), impotence, or critical limb ischemia in more severe cases. The blockage at the aortic bifurcation can lead to reduced perfusion, which manifests in various ways dependent on muscle demand and positional changes. This condition should be evaluated in the context of peripheral vascular health, making it distinct from other vascular complications like superficial thrombophlebitis, acute coronary syndrome, or deep venous thrombosis, which involve different processes and regions of the vascular system.

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9. What is a common symptom of foreign body aspiration?

A. Shortness of breath

B. Fever

C. Coughing and wheezing

D. Chest pain

Coughing and wheezing are common symptoms associated with foreign body aspiration due to the body's immediate response to the obstruction in the airway. When an object becomes lodged in the respiratory tract, it can provoke a strong cough reflex as the body attempts to expel the foreign material. This can also lead to wheezing, which is a result of narrowed air passages caused by inflammation or direct obstruction from the foreign body. These symptoms are typically acute and can be quite pronounced, depending on the size and type of the object that was aspirated, as well as the location within the airway. In children, for example, foreign body aspiration is a more common concern, and the presentation may include stridor, which signifies upper airway obstruction. Although shortness of breath can occur in response to aspiration, it is often a secondary symptom resulting from the obstruction and associated inflammation rather than the primary presenting complaint. Fever is typically not an immediate symptom of aspiration and is more commonly associated with infections. Chest pain is not a classic symptom of foreign body aspiration and is more likely related to other conditions affecting the lungs or pleura.

10. In the case of acute back pain due to a fall in an elderly patient, which diagnosis should be considered?

A. Spinal stenosis

B. Lumbosacral strain

C. Spinal compression fracture

D. Herniated disc

In the context of acute back pain following a fall in an elderly patient, a spinal compression fracture should be considered as a primary diagnosis. This is due to several factors related to the physiology of aging and the nature of falls in this population. Elderly individuals often have decreased bone density, which significantly increases their vulnerability to fractures, especially in the vertebrae. Falls, even from a standing height, can lead to compression fractures in this demographic. These fractures can occur in the thoracic or lumbar spine and are frequently associated with acute pain, decreased mobility, and potentially neurological deficits if there is associated injury to the spinal cord or nerve roots. Symptoms of a spinal compression fracture typically include sudden onset of back pain following a fall, which may worsen with movement or while standing up. Additionally, the mechanism of injury and the patient's age make compression fractures a more pertinent concern than other potential diagnoses. While other conditions such as lumbosacral strain, spinal stenosis, or herniated discs may also be relevant in cases of back pain, they are less likely to be the immediate result of a fall in an elderly patient. Lumbosacral strains, for instance, typically arise from overexertion or improper lifting rather than trauma,

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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://paeaemergencymedeor.examzify.com

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

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