

PAEA Emergency Medicine EOR 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. Delusional disorder is characterized by having at least how many delusions?**
 - A. 1
 - B. 2
 - C. 3
 - D. 4

- 2. What is a potential complication of untreated strep throat?**
 - A. Otitis media
 - B. Rheumatic fever
 - C. Chronic bronchitis
 - D. Asthma

- 3. What are the characteristics of the first trimester in pregnancy?**
 - A. 1-10 weeks
 - B. 1-12 weeks
 - C. 1-15 weeks
 - D. 1-14 weeks

- 4. What hormone surge causes ovulation during the menstrual cycle?**
 - A. FSH
 - B. Estrogen
 - C. LH
 - D. Progesterone

- 5. What is the first-line treatment for symptomatic mitral stenosis in younger patients?**
 - A. Open mitral valvotomy
 - B. Medical management with diuretics
 - C. Percutaneous balloon valvuloplasty
 - D. Surgical mitral valve replacement

- 6. What is the primary treatment for hemodynamically unstable atrial fibrillation?**
- A. Medications adjustment
 - B. Synchronized cardioversion
 - C. Direct oral anticoagulation
 - D. Cardiac catheterization
- 7. Which of the following medications is associated with pill-induced esophagitis?**
- A. Antidepressants
 - B. NSAIDs
 - C. Statins
 - D. Corticosteroids
- 8. What does increased FSH/LH indicate in a patient with primary amenorrhea?**
- A. Normal ovarian function
 - B. Ovarian failure
 - C. Uterine dysfunction
 - D. Hypothalamic failure
- 9. What is the recommended treatment regimen for pelvic inflammatory disease caused by gonorrhea and chlamydia?**
- A. Observation only
 - B. Doxycycline 100mg BID for 14 days plus ceftriaxone 250mg IM once
 - C. Metronidazole 500mg TID for 10 days
 - D. Tetracycline for 14 days
- 10. What is the most common cause of lung cancer?**
- A. Asbestosis
 - B. Smoking
 - C. Radon exposure
 - D. Passive smoke exposure

Answers

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

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Explanations

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1. Delusional disorder is characterized by having at least how many delusions?

- A. 1**
- B. 2
- C. 3
- D. 4

Delusional disorder is indeed characterized by the presence of at least one delusion. A delusion is defined as a firmly held belief that is not based in reality, and in the context of delusional disorder, these beliefs persist for at least one month. The nature of the delusions can vary widely, including themes such as persecution, grandeur, jealousy, or somatic concerns, but the key criterion for diagnosis is the presence of a single delusion. This specificity helps differentiate delusional disorder from other psychiatric conditions where multiple delusions might be present, thus making it essential to recognize that a minimum of one sustained delusion is necessary for the diagnosis.

2. 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.

3. What are the characteristics of the first trimester in pregnancy?

- A. 1-10 weeks
- B. 1-12 weeks**
- C. 1-15 weeks
- D. 1-14 weeks

The first trimester of pregnancy is defined as the period from conception to the end of 12 weeks gestation. This time frame encompasses crucial developmental milestones for the fetus during early pregnancy, including the formation of major organs and systems. Establishing the timeline as 1 to 12 weeks is essential for both prenatal care and for understanding potential risks and typical developmental changes that may occur during this stage. Recognizing this period correctly also allows healthcare providers to offer appropriate screening tests, guidance on lifestyle modifications, and early assessments for conditions such as ectopic pregnancies or miscarriage, which are more common in the early weeks. Additionally, knowing the correct timeline helps in planning for necessary follow-up appointments and screenings that are standard as the pregnancy progresses. The other timeframes provided do not align with the established medical consensus on when the first trimester occurs.

4. What hormone surge causes ovulation during the menstrual cycle?

- A. FSH
- B. Estrogen
- C. LH**
- D. Progesterone

The surge in luteinizing hormone (LH) is the key event that triggers ovulation during the menstrual cycle. Midway through the cycle, there is a significant rise in estrogen levels produced by the developing follicles, which in turn stimulates a dramatic increase in LH. This LH surge leads to the completion of the first meiotic division of the oocyte and ultimately causes the mature follicle to rupture, releasing the egg into the fallopian tube. This process typically occurs around day 14 of a 28-day cycle and is essential for fertility, as it is the moment when fertilization can take place. LH also plays a role in the subsequent formation of the corpus luteum, which produces progesterone to help prepare the uterine lining for potential implantation. Understanding the role of LH is crucial for grasping the complexities of the hormonal feedback mechanisms governing the menstrual cycle and ovulation.

5. What is the first-line treatment for symptomatic mitral stenosis in younger patients?

- A. Open mitral valvotomy
- B. Medical management with diuretics
- C. Percutaneous balloon valvuloplasty**
- D. Surgical mitral valve replacement

The first-line treatment for symptomatic mitral stenosis in younger patients is percutaneous balloon valvuloplasty. This approach is particularly favorable because it is a less invasive procedure that allows for the dilation of the narrowed mitral valve using a balloon catheter. It is especially suitable for younger patients who may have less severe degenerative changes and a better chance of long-term success from valve preservation. Balloon valvuloplasty has shown effective outcomes for improving symptoms and hemodynamic status, making it a preferred intervention, as it can alleviate the obstruction without the need for open-heart surgery or valvular replacement. This method is beneficial because it addresses the underlying issue of the narrowed valve while preserving the native mitral valve structure, which is important for younger patients who may have a longer life expectancy and more active lifestyles. In contrast, open mitral valvotomy and surgical mitral valve replacement are typically reserved for cases where balloon valvuloplasty is not feasible or has failed, or in older patients with more complex disease or specific anatomical considerations. Medical management with diuretics, while useful for symptom control, does not address the structural issue of the stenosis itself and is not considered a definitive treatment. Therefore, percutaneous balloon valvuloplasty stands

6. What is the primary treatment for hemodynamically unstable atrial fibrillation?

- A. Medications adjustment
- B. Synchronized cardioversion**
- C. Direct oral anticoagulation
- D. Cardiac catheterization

In the case of hemodynamically unstable atrial fibrillation, the primary treatment is synchronized cardioversion. This method is critical because it addresses the immediate concern of unstable hemodynamics, which can result from rapid and irregular heart rhythms that compromise cardiac output. Synchronized cardioversion delivers a controlled electric shock to the heart, effectively restoring a normal rhythm and stabilizing the patient's condition. The urgency of correcting the rhythm is essential, particularly when the patient exhibits symptoms such as hypotension, altered mental status, or chest pain, which indicate a high risk for further cardiovascular complications. Synchronized cardioversion is performed with careful timing to ensure that the shock occurs during a specific phase of the cardiac cycle, thereby minimizing the risk of inducing ventricular fibrillation. Other options, such as medication adjustment or direct oral anticoagulation, are typically employed for rate control or thromboembolic prevention in stable patients. Cardiac catheterization is more relevant for diagnosing or treating structural heart issues rather than managing acute rhythm disturbances. Thus, synchronized cardioversion stands out as the immediate and effective measure in this emergent scenario.

7. Which of the following medications is associated with pill-induced esophagitis?

- A. Antidepressants
- B. NSAIDs**
- C. Statins
- D. Corticosteroids

Pill-induced esophagitis is a condition characterized by inflammation of the esophagus due to the ingestion of certain medications that can cause direct irritation or ulceration. Nonsteroidal anti-inflammatory drugs (NSAIDs) are particularly notable in this context because they can lead to esophageal injury if they become lodged in the esophagus or if they irritate the esophageal mucosa during ingestion. NSAIDs can cause a range of gastrointestinal side effects, including erosions and ulcers. When these medications are taken without sufficient water or in a recumbent position, they can remain in contact with the esophageal lining for longer periods of time, increasing the risk of local irritation and inflammation. This makes NSAIDs a well-documented cause of pill-induced esophagitis. Other medications listed, such as antidepressants, statins, and corticosteroids, can also lead to esophageal problems; however, they are less commonly linked specifically to pill-induced esophagitis compared to NSAIDs. For instance, corticosteroids can cause esophagitis if they are taken without adequate fluid but are usually associated with adverse effects at a different frequency and mechanism. Statins and antidepressants are generally not recognized as common culprits for this particular condition. Thus

8. What does increased FSH/LH indicate in a patient with primary amenorrhea?

- A. Normal ovarian function
- B. Ovarian failure**
- C. Uterine dysfunction
- D. Hypothalamic failure

Increased levels of FSH (follicle-stimulating hormone) and LH (luteinizing hormone) in a patient with primary amenorrhea indicate ovarian failure. This hormonal increase occurs because the ovaries are not responding to the stimulating effects of these hormones, which leads to a feedback mechanism prompting the pituitary gland to release more FSH and LH. When the ovaries are not functioning properly due to failure (either due to genetic factors, environmental influences, or other underlying conditions), estrogen production diminishes, resulting in the absence of menstruation (amenorrhea). In the context of primary amenorrhea, an elevated FSH/LH ratio suggests that the body is attempting to stimulate the ovaries to produce hormones, but the dysfunction lies within the ovaries themselves. The ovaries may not be releasing eggs or may be underdeveloped, leading to primary amenorrhea. Understanding this hormonal balance is crucial in differentiating causes of amenorrhea and guiding further diagnostic and therapeutic approaches.

9. What is the recommended treatment regimen for pelvic inflammatory disease caused by gonorrhea and chlamydia?

- A. Observation only
- B. Doxycycline 100mg BID for 14 days plus ceftriaxone 250mg IM once**
- C. Metronidazole 500mg TID for 10 days
- D. Tetracycline for 14 days

The recommended treatment regimen for pelvic inflammatory disease (PID) caused by gonorrhea and chlamydia is doxycycline combined with ceftriaxone. This combination is effective because it targets both *Neisseria gonorrhoeae* (the bacteria responsible for gonorrhea) and *Chlamydia trachomatis* (the causative agent of chlamydia), which are the two most common pathogens associated with PID. Doxycycline is a tetracycline antibiotic that provides good coverage for chlamydia, while ceftriaxone is a third-generation cephalosporin that is effective against gonorrhea. The regimen includes doxycycline at a dose of 100 mg taken twice daily for 14 days, which ensures adequate treatment duration, while the ceftriaxone is administered as a single intramuscular injection at a dose of 250 mg, providing immediate and effective treatment for gonorrhea. This dual therapy approach is essential not only to effectively treat the infection but also to reduce the risk of significant complications associated with untreated PID, including infertility and chronic pelvic pain, resulting from scarring and damage to the reproductive structures. Other treatment options may not adequately address both organisms or may not provide the recommended approach for the severe and potentially complicated

10. What is the most common cause of lung cancer?

- A. Asbestosis
- B. Smoking**
- C. Radon exposure
- D. Passive smoke exposure

Smoking is the most common cause of lung cancer and has been well documented through extensive research. The carcinogenic compounds in tobacco smoke lead to mutations in the DNA of lung cells, promoting the development of cancer over time. It accounts for the majority of lung cancer cases, with an estimated 85% of lung cancer deaths attributed to this habit. Additionally, the effects of smoking are dose-dependent, meaning that the more a person smokes, the greater their risk of developing lung cancer. This risk persists even after quitting smoking, although it gradually decreases over time. While asbestosis, radon exposure, and passive smoke exposure are notable risk factors for lung cancer, they occur far less frequently compared to smoking. Asbestosis is linked to occupational exposure to asbestos, which has seen a decline in prevalence due to regulatory measures. Radon, a naturally occurring radioactive gas, is also recognized as a risk factor, particularly in locations with poorer ventilation, but its impact is minuscule compared to the high prevalence of smoking. Passive smoke exposure, while harmful and a known risk factor, affects a smaller population when compared to the extensive impact of smoking among active smokers.

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://paeaemergencymedior.examzify.com>

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

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