

PAEA EMERGENCY MEDICINE EOR 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. What class of antidepressants is often avoided in the elderly due to safety concerns?**
 - A. SSRIs
 - B. SNRIs
 - C. TCAs
 - D. MAOIs

- 2. What is the most common cause of dilated cardiomyopathy?**
 - A. Idiopathic reasons
 - B. Alcohol abuse
 - C. Chemotherapy drugs
 - D. Viral infections

- 3. Which condition is characterized by purulent eye discharge and no visual changes?**
 - A. Viral conjunctivitis
 - B. Bacterial conjunctivitis
 - C. Allergic conjunctivitis
 - D. Dry eye syndrome

- 4. What is an effective treatment for hypovolemic hyponatremia?**
 - A. Normal saline infusion
 - B. Free water supplementation
 - C. High sodium diet
 - D. Intravenous potassium

- 5. Barrett's esophagus involves the transition from which type of cells to which type of cells?**
 - A. Columnar to squamous
 - B. Squamous to metaplastic columnar
 - C. Cuboidal to squamous
 - D. Metaplastic to cuboidal

- 6. What is the most common cause of PIP dorsal dislocation?**
- A. Direct trauma to the finger
 - B. Hyperextension with rupture of the volar plate
 - C. Twisting of a semi-flexed phalanx
 - D. Shearing forces applied to the hand
- 7. What is the classic position a child might take if experiencing severe respiratory distress due to epiglottitis?**
- A. Supine with legs extended
 - B. Tripod position
 - C. On their side with head bent
 - D. Flat with arms tucked
- 8. Which neurotransmitter levels are thought to be decreased in depression?**
- A. Dopamine only
 - B. Serotonin and norepinephrine
 - C. Norepinephrine and tryptophan
 - D. Only serotonin
- 9. A patient over 60 years old presents with severe back and abdominal pain, syncope, and a tender pulsatile abdominal mass. What is the likely diagnosis?**
- A. Cholecystitis
 - B. Ruptured AAA
 - C. Pancreatitis
 - D. Kidney stones
- 10. Enterohemorrhagic E. coli typically presents with what type of diarrhea?**
- A. Watery diarrhea that becomes bloody
 - B. Non-bloody diarrhea with pain
 - C. Foul-smelling diarrhea
 - D. Diarrhea without fever

Answers

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

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Explanations

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1. What class of antidepressants is often avoided in the elderly due to safety concerns?

- A. SSRIs
- B. SNRIs
- C. TCAs**
- D. MAOIs

Tricyclic antidepressants (TCAs) are often avoided in the elderly due to significant safety concerns associated with their side effects and pharmacological properties. TCAs can cause anticholinergic effects, such as dry mouth, constipation, urinary retention, blurred vision, and confusion, which can be particularly problematic in older adults who may already be experiencing cognitive decline or have pre-existing conditions that could be exacerbated by these effects. Moreover, TCAs have a narrow therapeutic index, making them potentially hazardous in an overdose situation. Elderly patients are at higher risk for falls due to sedation and dizziness associated with TCAs, amplifying the risk of injury. Cardiac side effects, including arrhythmias and orthostatic hypotension, are also significant concerns in this population, as they may lead to serious complications. In contrast, other classes of antidepressants, such as SSRIs and SNRIs, are generally considered safer options due to a more favorable side effect profile and lower risk of toxicity. MAOIs are rarely used due to dietary restrictions and potential interactions, but their specific safety profile for the elderly is not as significantly concerning as that of TCAs. Thus, the safety profile of TCAs makes them a less suitable choice for treating depression in

2. What is the most common cause of dilated cardiomyopathy?

- A. Idiopathic reasons**
- B. Alcohol abuse
- C. Chemotherapy drugs
- D. Viral infections

The most common cause of dilated cardiomyopathy is often classified as idiopathic, which means that the exact origin or cause is unknown. In clinical practice, this term is frequently used to describe a situation where despite thorough investigations, no specific or identifiable etiology for the heart condition can be determined. Idiopathic dilated cardiomyopathy accounts for a significant proportion of cases, and it's also crucial to recognize that various potential risk factors may contribute to the development of the condition without being definitively tied as causative agents. This ambiguity surrounding the cause makes idiopathic cases the predominant category within dilated cardiomyopathy. While alcohol abuse, chemotherapy drugs, and viral infections are recognized contributors to the development of dilated cardiomyopathy, they represent more specific cases where a clear link to an identifiable risk factor can be demonstrated. For example, heavy alcohol consumption can lead to direct myocardial toxicity, certain chemotherapeutic agents can damage cardiac myocytes, and viral infections can provoke inflammatory responses within the heart muscle. However, these factors do not account for the majority of presenting cases, hence the prevalence of idiopathic dilated cardiomyopathy.

3. Which condition is characterized by purulent eye discharge and no visual changes?

- A. Viral conjunctivitis
- B. Bacterial conjunctivitis**
- C. Allergic conjunctivitis
- D. Dry eye syndrome

Bacterial conjunctivitis is characterized by purulent eye discharge and typically does not result in any significant changes to vision. In this condition, the discharge is often thick and can be yellow, green, or white, which is indicative of a bacterial infection in the conjunctiva. The absence of visual changes is a key aspect; while bacterial conjunctivitis can cause discomfort and redness, it usually does not impair visual acuity unless there are complications like corneal involvement or severe inflammation. The presence of purulent discharge is a hallmark sign that helps differentiate it from other forms of conjunctivitis, such as viral or allergic conjunctivitis. Viral conjunctivitis may also present with discharge, but it is usually more watery and may be accompanied by other symptoms such as redness and tearing, often with a concurrent viral upper respiratory infection. Allergic conjunctivitis typically presents with watery discharge, intense itching, and redness, but not purulent discharge. Dry eye syndrome usually does not involve discharge and is more related to a lack of sufficient tears to lubricate the eyes, resulting in discomfort.

4. What is an effective treatment for hypovolemic hyponatremia?

- A. Normal saline infusion**
- B. Free water supplementation
- C. High sodium diet
- D. Intravenous potassium

Hypovolemic hyponatremia occurs when there is a loss of both water and sodium, but the loss of sodium is more significant, leading to a relative excess of water in the body. This condition often arises from situations such as vomiting, diarrhea, or excessive sweating, which results in depletion of extracellular fluid volume. The effective treatment for hypovolemic hyponatremia is normal saline infusion. Normal saline (0.9% sodium chloride) provides an isotonic solution that helps to restore the volume of extracellular fluid. By administering normal saline, sodium levels can be corrected while also replenishing the volume status of the patient. This approach helps address both the hypovolemia and the low sodium levels simultaneously, making it a suitable and effective treatment option. In contrast, free water supplementation would be detrimental in this scenario, as it could further dilute sodium levels. A high sodium diet alone would not adequately address the volume depletion, and intravenous potassium would not correct the underlying issue of sodium deficiency and hypovolemic status. By using normal saline, clinicians can effectively manage both the hypovolemia and the hyponatremia, leading to improved patient outcomes.

5. Barrett's esophagus involves the transition from which type of cells to which type of cells?

- A. Columnar to squamous
- B. Squamous to metaplastic columnar**
- C. Cuboidal to squamous
- D. Metaplastic to cuboidal

Barrett's esophagus is characterized by a significant change in the type of epithelial cells lining the esophagus due to chronic injury, typically as a result of gastroesophageal reflux disease (GERD). In this condition, the normal squamous epithelial cells of the esophagus undergo metaplastic changes and are replaced by columnar epithelial cells, which are more resistant to acidic environments. This columnar epithelium resembles intestinal mucosa and is considered a protective adaptation to the chronic irritative effects of gastric acid. The transformation from squamous to metaplastic columnar cells is essential in understanding the pathology of Barrett's esophagus as it indicates a precancerous stage that can lead to esophageal adenocarcinoma. This metaplasia signifies a change in cell type in response to injury and inflammation, emphasizing the significance of recognizing these cellular transitions in clinical and pathological assessments. This transformation is not simply a shift in epithelial characteristics but also involves genetic and molecular changes that predispose the tissue to further dysplasia and malignancy. Thus, the selection reflects the core pathological change observed in Barrett's esophagus, reinforcing the ongoing need for monitoring and potential intervention in affected patients.

6. What is the most common cause of PIP dorsal dislocation?

- A. Direct trauma to the finger
- B. Hyperextension with rupture of the volar plate**
- C. Twisting of a semi-flexed phalanx
- D. Shearing forces applied to the hand

The most common cause of proximal interphalangeal (PIP) dorsal dislocation is hyperextension with rupture of the volar plate. This injury occurs when the finger is subjected to a force that causes it to bend backward beyond its normal range of motion. The volar plate, a fibrous structure on the palm side of the PIP joint, stabilizes the joint and allows for smooth movement. When hyperextension occurs, it can lead to the rupture of this plate, resulting in the dislocation of the joint. In cases of hyperextension, the bones in the joint can be forced apart, leading to a dorsal dislocation where the proximal phalanx is displaced towards the back of the hand. Understanding the mechanism of this injury is crucial for treatment, as it often requires specific interventions to restore joint stability and function. Meanwhile, while direct trauma to the finger may cause dislocations, it is less common than the mechanism of hyperextension involving the volar plate. Similarly, twisting of a semi-flexed phalanx and shearing forces may contribute to other types of finger injuries or dislocations but are not the primary causes of PIP dorsal dislocation.

7. What is the classic position a child might take if experiencing severe respiratory distress due to epiglottitis?

- A. Supine with legs extended
- B. Tripod position**
- C. On their side with head bent
- D. Flat with arms tucked

In cases of severe respiratory distress due to epiglottitis, children often adopt what is known as the tripod position. This position involves the child sitting upright, leaning forward, and using their arms to support their upper body. This posture helps to maximize airflow by opening the airway, making it easier for the child to breathe. It is a natural instinct for those who are struggling to get enough air, as it allows for better lung expansion and reduces pressure on the diaphragm. Additionally, the tripod position can be a clear indicator of respiratory distress, as it shows the child is working hard to breathe. Being upright helps alleviate some of the anxiety and effort involved in breathing, which can be critical in a situation where every breath counts. Understanding this position is essential for recognizing epiglottitis and ensuring prompt medical evaluation and treatment, as it can be a life-threatening condition.

8. Which neurotransmitter levels are thought to be decreased in depression?

- A. Dopamine only
- B. Serotonin and norepinephrine**
- C. Norepinephrine and tryptophan
- D. Only serotonin

In the context of depression, the levels of neurotransmitters such as serotonin and norepinephrine are believed to be decreased based on prevalent theories. Both serotonin and norepinephrine play significant roles in mood regulation. Serotonin is largely associated with feelings of well-being and happiness, while norepinephrine is involved in arousal and responsiveness to stimuli. Impairments in their synthesis, release, or receptor sensitivity can contribute to the pathophysiology of depression. Research and clinical observations suggest that individuals with depression often exhibit dysregulation of these neurotransmitters, leading to various symptoms associated with mood disorders. This understanding forms the basis for many pharmacological treatments aimed at increasing the availability of serotonin and norepinephrine in the synaptic cleft, such as selective serotonin reuptake inhibitors (SSRIs) and norepinephrine-dopamine reuptake inhibitors (NDRIs). The other options do not fully encompass the complexities of neurotransmitter involvement in depression. While dopamine does play a role in mood and motivation, it is not the primary focus linked to depression as serotonin and norepinephrine are. Similarly, tryptophan, being a precursor to serotonin, is important, but it is the resultant serotonin levels that are more directly associated

9. A patient over 60 years old presents with severe back and abdominal pain, syncope, and a tender pulsatile abdominal mass. What is the likely diagnosis?

- A. Cholecystitis
- B. Ruptured AAA**
- C. Pancreatitis
- D. Kidney stones

The scenario presented describes a patient with several key features that strongly suggest a ruptured abdominal aortic aneurysm (AAA). The patient's age, over 60 years, is significant, as the risk for aneurysms increases with age, particularly in men and individuals with certain risk factors such as hypertension or a history of smoking. The severe back and abdominal pain, along with syncope, can be attributed to the acute nature of a rupture. The pain associated with a ruptured AAA is often described as severe and tearing, often radiating to the back, which corresponds to the symptomatology in this case. Syncope may occur due to rapid blood loss leading to decreased perfusion and transient loss of consciousness, which is a critical sign of impending shock. Additionally, the presence of a tender pulsatile abdominal mass is highly indicative of an AAA. This physical finding suggests that the aneurysm is not only present but is also likely rupturing, given the acute symptoms of pain and syncope. In contrast, other conditions like cholecystitis, pancreatitis, and kidney stones typically present with different pain patterns and additional symptoms. Cholecystitis often causes pain in the upper right quadrant and may be associated with fever, while pancreatitis

10. Enterohemorrhagic E. coli typically presents with what type of diarrhea?

- A. Watery diarrhea that becomes bloody**
- B. Non-bloody diarrhea with pain
- C. Foul-smelling diarrhea
- D. Diarrhea without fever

The typical presentation of enterohemorrhagic E. coli (EHEC), particularly serotype O157:H7, begins with watery diarrhea that can progress to bloody diarrhea. This progression occurs because the bacteria produce toxins that damage the intestinal lining, leading to inflammation and bleeding, which transforms the initially watery stool into bloody diarrhea. This characteristic symptom is a key feature of EHEC infections and helps differentiate it from other types of gastroenteritis. While some individuals may experience abdominal pain accompanying the diarrhea, the hallmark is the shift from watery to bloody stool, making this presentation pivotal for diagnosis and management. Understanding this progression is crucial for identifying EHEC, especially in patients with recent exposure to undercooked meats or contaminated produce.

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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