

PaEasy Emergency Medicine Practice Exam (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. Which hepatitis B serology marker indicates current infection?**
 - A. HBsAg**
 - B. Anti-HBs**
 - C. Anti-HBc**
 - D. Anti-HBe**

- 2. Which burn depth is characterized by pink blisters and involves the epidermis and upper dermis?**
 - A. Superficial second-degree burn**
 - B. Deep second-degree burn**
 - C. First-degree burn**
 - D. Full-thickness burn**

- 3. Stage 1 iron toxicity presents with which manifestation?**
 - A. Immediate GI irritation**
 - B. Neurological symptoms**
 - C. Cardiac arrhythmias**
 - D. Hypoglycemia**

- 4. Which of the following lists the components of the Primary Survey in trauma care?**
 - A. Airway, Breathing, Circulation**
 - B. Airway, Breathing, Circulation, Disability**
 - C. Disability, Exposure**
 - D. Airway, Breathing, Circulation, Disability, Exposure**

- 5. Zig-zag lines of lesions with hemorrhagic puncta and intense itching are characteristic of which bite?**
 - A. Flea bites**
 - B. Lice bites**
 - C. Chigger bites**
 - D. Scabies**

- 6. What is the mainstay of therapy for von Willebrand disease?**
- A. Desmopressin**
 - B. Vitamin K**
 - C. Platelet transfusion**
 - D. Factor VIII concentrate**
- 7. In multifocal atrial tachycardia, which class of agents is considered the treatment of choice?**
- A. Calcium channel blockers**
 - B. Beta blockers**
 - C. Digoxin**
 - D. Amiodarone**
- 8. A purulent skin lesion after a spider bite is most likely caused by which organism?**
- A. MRSA**
 - B. Staphylococcus aureus (MSSA)**
 - C. Streptococcus pyogenes**
 - D. Pseudomonas aeruginosa**
- 9. Beclomethasone (Qvar) is what type of drug?**
- A. Inhaled Corticosteroid**
 - B. Oral Corticosteroid**
 - C. Systemic Beta-Agonist**
 - D. Leukotriene Receptor Antagonist**
- 10. Which heart valve is most commonly affected by infective endocarditis?**
- A. Aortic valve**
 - B. Tricuspid valve**
 - C. Pulmonary valve**
 - D. Mitral valve**

Answers

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

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Explanations

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1. Which hepatitis B serology marker indicates current infection?

- A. HBsAg**
- B. Anti-HBs**
- C. Anti-HBc**
- D. Anti-HBe**

In hepatitis B serology, active viral replication in the blood—i.e., current infection—is indicated by the presence of the surface antigen, HBsAg. This marker appears early in infection and can be seen in both acute and chronic hepatitis B. If it persists for more than about six months, the infection is considered chronic. When someone clears the virus or has immunity from vaccination, HBsAg disappears and anti-HBs appears, signaling protection rather than ongoing infection. Other markers tell different stories: anti-HBs shows immunity (from vaccination or recovery), anti-HBc indicates exposure to the virus (with IgM suggesting a recent infection and IgG indicating past infection), and anti-HBe points to lower viral replication and reduced infectivity but does not by itself confirm current infection. Therefore, the marker that indicates current infection is HBsAg.

2. Which burn depth is characterized by pink blisters and involves the epidermis and upper dermis?

- A. Superficial second-degree burn**
- B. Deep second-degree burn**
- C. First-degree burn**
- D. Full-thickness burn**

Pink blisters show a partial-thickness burn where the epidermis and the upper part of the dermis are damaged. Blisters form as fluid collects at the damaged junction between epidermis and dermis, while the superficial dermal vessels remain perfused, giving the pink color. Nerve endings in this layer are still intact, so pain is typically intense. Healing usually occurs within about a week to two weeks with minimal scarring because deeper structures are spared. By contrast, burns that affect only the epidermis (no blisters) are first-degree; deeper dermal involvement can produce a deep second-degree burn with less redness, altered sensation, and longer healing; full-thickness burns destroy all skin layers and have a leathery appearance with numbness, often requiring surgical repair. This pattern matches a superficial second-degree burn.

3. Stage 1 iron toxicity presents with which manifestation?

- A. Immediate GI irritation**
- B. Neurological symptoms**
- C. Cardiac arrhythmias**
- D. Hypoglycemia**

Immediate GI irritation is the hallmark of the initial phase after iron ingestion. When iron salts are swallowed, they directly irritate the lining of the gastrointestinal tract, causing vomiting, abdominal pain, and often diarrhea or GI bleeding within minutes to a few hours. This local caustic effect explains why early symptoms are dominated by GI upset. Neurological symptoms, cardiac arrhythmias, and hypoglycemia don't typically appear in this first phase; they stem from later systemic toxicity as iron is absorbed and causes metabolic derangements, hepatic injury, and shock. So the best answer reflects the immediate, local GI irritation that defines the early presentation.

4. Which of the following lists the components of the Primary Survey in trauma care?

- A. Airway, Breathing, Circulation**
- B. Airway, Breathing, Circulation, Disability**
- C. Disability, Exposure**
- D. Airway, Breathing, Circulation, Disability, Exposure**

The primary survey in trauma care is about rapidly identifying and treating life-threatening conditions using the ABCDE approach: Airway with cervical spine protection, Breathing, Circulation, followed by Disability (neurologic status) and Exposure (complete patient exposure to identify hidden injuries and prevent hypothermia). Each part targets a critical threat that could compromise survival if not addressed immediately. Airway assessment ensures the airway is open and protected, especially with potential neck injuries. Breathing evaluates adequacy of ventilation and oxygenation. Circulation focuses on maintaining blood flow and controlling major bleeding. Disability provides a quick neurologic check (level of consciousness, pupils, motor responses). Exposure entails removing clothing to inspect for injuries everywhere while measures are taken to keep the patient warm. Options that omit one or more elements fail to capture the full rapid assessment sequence, and thus aren't as complete as the list that includes all five components.

5. Zig-zag lines of lesions with hemorrhagic puncta and intense itching are characteristic of which bite?

A. Flea bites

B. Lice bites

C. Chigger bites

D. Scabies

Pattern recognition of arthropod bites: a zig-zag line of lesions with small hemorrhagic spots and severe itching points to fleas. Flea bites commonly occur in successive bites as the animal or person moves, producing a linear or clustered, often zig-zag arrangement on exposed skin such as ankles and legs. The tiny puncta can bleed a bit from the flea's saliva, giving the hemorrhagic puncta appearance. In contrast, lice bites tend to cluster where hair is nearest the skin and often along the waist or scalp, not typically in a zig-zag line. Chigger bites produce intensely itchy wheals with a central punctum, usually on legs or ankles but without the characteristic zig-zag hemorrhagic pattern. Scabies causes widespread itching with characteristic burrows and interdigital or flexural lesions, rather than a zig-zag line of punctate bites.

6. What is the mainstay of therapy for von Willebrand disease?

A. Desmopressin

B. Vitamin K

C. Platelet transfusion

D. Factor VIII concentrate

Desmopressin works as the mainstay because it stimulates the body's own release of von Willebrand factor stored in endothelial cells, which also raises factor VIII levels. This transient boost improves platelet adhesion to damaged vessels and helps stabilize clots, making it effective for many patients with mild to moderate von Willebrand disease and for preventing or treating bleeding around minor procedures. It's particularly useful in type 1 vWD and some type 2 variants. However, not all forms respond. In type 3 disease there's essentially no vWF to release, so desmopressin is unlikely to help and replacement with vWF-containing concentrates is needed. Some type 2 variants, especially type 2B, may be less responsive or have adverse effects, limiting its use. Vitamin K does not address vWF deficiency, so it isn't a treatment for this condition. Platelet transfusion is reserved for severe, acute bleeds or when DDAVP fails, and factor VIII/vWF concentrates serve as alternative replacements when desmopressin isn't suitable or rapid correction is required.

7. In multifocal atrial tachycardia, which class of agents is considered the treatment of choice?

A. Calcium channel blockers

B. Beta blockers

C. Digoxin

D. Amiodarone

In multifocal atrial tachycardia, the goal is to slow the rapid ventricular response by reducing AV nodal conduction while you address underlying causes like hypoxemia or COPD. Non-dihydropyridine calcium channel blockers, such as verapamil or diltiazem, are the treatment of choice because they effectively decrease AV nodal conduction and lower the ventricular rate without relying on the atrial rhythm, which is coming from multiple foci. Beta blockers could also slow AV conduction but are less favorable here due to the frequent coexistence of COPD and potential bronchospasm. Digoxin isn't reliably effective in MAT because the atrial impulses originate from several foci, making rate control via the AV node insufficient. Amiodarone may be considered if first-line measures fail or if the patient is unstable, but it's not the preferred initial therapy.

8. A purulent skin lesion after a spider bite is most likely caused by which organism?

A. MRSA

B. Staphylococcus aureus (MSSA)

C. Streptococcus pyogenes

D. Pseudomonas aeruginosa

Purulent skin lesions come from pus-forming infections, and Staphylococcus aureus is the typical organism that creates abscesses and boils. A spider bite disrupts the skin barrier, giving bacteria an entry point, and S. aureus is a common skin colonizer that can establish a focal purulent infection. In many communities today, the methicillin-resistant strain of S. aureus (MRSA) is a leading cause of these purulent skin and soft tissue infections, making it the most likely culprit after a spider bite. Streptococcus pyogenes more often causes nonpurulent cellulitis, while Pseudomonas is associated with specific settings like hot tub exposure or certain wound types, not the classic purulent lesion after a spider bite.

9. Beclomethasone (Qvar) is what type of drug?

A. Inhaled Corticosteroid

B. Oral Corticosteroid

C. Systemic Beta-Agonist

D. Leukotriene Receptor Antagonist

Beclomethasone is an inhaled corticosteroid. It's designed to be inhaled so the anti-inflammatory effects act directly in the airways, providing long-term control of airway inflammation with less systemic exposure than oral steroids. This makes it a maintenance (controller) therapy for asthma, not a rescue medicine. It isn't an oral corticosteroid, it isn't a systemic beta-agonist (that would be quick-relief bronchodilators like albuterol), and it isn't a leukotriene receptor antagonist.

10. Which heart valve is most commonly affected by infective endocarditis?

- A. Aortic valve**
- B. Tricuspid valve**
- C. Pulmonary valve**
- D. Mitral valve**

Infective endocarditis most often targets left-sided valves, and the mitral valve is the most commonly affected native valve. The left heart bears higher pressures and has more turbulent flow, which damages the endocardium and creates a nidus of platelet-fibrin that bacteria can latch onto to form vegetations. Preexisting mitral valve disease from rheumatic changes, degenerative wear, or calcification further predisposes the mitral valve to infection. While the aortic valve is also commonly involved, it ranks behind the mitral in frequency. In contrast, the tricuspid valve is more likely to be affected in intravenous drug users due to direct inoculation of pathogens into the venous system, and the pulmonary valve involvement is relatively rare.

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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://paeasyemergencymed.examzify.com>

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

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