

Rosh Emergency Medicine Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 is a notable sign of potentially serious infection postpartum that necessitates immediate evaluation?**
 - A. Creatinine level of 1.0 mg/dL
 - B. White blood cell count of 16,000/ μ L
 - C. Exquisite uterine tenderness
 - D. Tachycardia of 100 bpm

- 2. What is the most important next step to ensure cardiovascular stability in a patient with inferior wall myocardial infarction and evidence of right ventricular infarction?**
 - A. Beta-blocker administration to decrease the risk of post-myocardial infarction ventricular fibrillation
 - B. Cardiac MRI to evaluate for myocardial wall motion abnormalities and acute heart failure
 - C. Intravenous fluid infusion to assure adequate preload volume
 - D. Nitroglycerin administration to improve perfusion of the coronary arteries

- 3. What is the most common type of stroke?**
 - A. Hemorrhagic stroke
 - B. Ischemic stroke
 - C. Transient ischemic attack
 - D. Subarachnoid hemorrhage

- 4. What would indicate a patient with urinary incontinence requires prompt intervention?**
 - A. Normal bowel movements
 - B. Severe back pain
 - C. Decreased sensation in the lower extremities
 - D. Urgency to urinate

- 5. What is the initial treatment for a patient presenting with signs consistent with acute angle-closure glaucoma?**
 - A. Beta-blocker administration to decrease intraocular pressure
 - B. Administer intravenous mannitol to reduce ocular pressure
 - C. Immediate surgical intervention to relieve pressure
 - D. Oral acetazolamide as the first choice in management

- 6. What is the best initial step in managing a chemical eye injury from hair dye?**
- A. Administer calcium salts
 - B. Administer copper sulfate
 - C. Administer topical erythromycin
 - D. Irrigate with water
- 7. What is the most appropriate treatment for a patient with sudden-onset racing heart after failing the Valsalva maneuver?**
- A. Adenosine 6 mg IV
 - B. Amiodarone 150 mg IV
 - C. Metoprolol 5 mg IV
 - D. Synchronized cardioversion
- 8. In a patient with a medial bulge in the groin, what is the most likely anatomic location of the protrusion?**
- A. At the internal inguinal ring
 - B. Inferior to the inguinal ligament
 - C. Medial to the inferior epigastric vessels
 - D. Through the femoral ring
- 9. What is the best way to educate a patient with a pruritic rash that worsened after antifungal treatment?**
- A. Advise him that topical corticosteroid therapy will relieve itching
 - B. Advise the patient to avoid sun exposure
 - C. Assure him that no treatment is required and the rash will resolve in 1-2 weeks
 - D. Assure him that the rash will resolve with oral corticosteroids in 1 week
- 10. What is the primary treatment for a child with croup?**
- A. Prednisone
 - B. Antihistamines
 - C. Dexamethasone
 - D. Albuterol

Answers

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

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Explanations

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1. What is a notable sign of potentially serious infection postpartum that necessitates immediate evaluation?

- A. Creatinine level of 1.0 mg/dL
- B. White blood cell count of 16,000/ μ L
- C. Exquisite uterine tenderness**
- D. Tachycardia of 100 bpm

Exquisite uterine tenderness is a notable sign of potentially serious infection postpartum, often indicating conditions such as endometritis. This type of infection typically occurs following delivery, particularly in cases of cesarean sections or prolonged labor. When a patient exhibits significant uterine tenderness, it suggests that there may be an inflammatory process occurring in the uterus, which can lead to complications if not promptly addressed. Immediate evaluation is crucial to determine the extent of the infection and initiate the appropriate antibiotic treatment. Other options may reflect common physiological changes or mild infections but do not always require immediate intervention. For instance, a creatinine level of 1.0 mg/dL is generally considered normal, while a white blood cell count of 16,000/ μ L may represent a mild response to stress or infection but often does not denote an immediate crisis. Tachycardia at 100 bpm can occur in various situations, including anxiety or dehydration, and while it may indicate that a patient needs further assessment, it is not as specific for serious infection as exquisite uterine tenderness. Therefore, the presence of significant uterine tenderness warrants urgent medical attention to prevent complications associated with postpartum infections.

2. What is the most important next step to ensure cardiovascular stability in a patient with inferior wall myocardial infarction and evidence of right ventricular infarction?

- A. Beta-blocker administration to decrease the risk of post-myocardial infarction ventricular fibrillation
- B. Cardiac MRI to evaluate for myocardial wall motion abnormalities and acute heart failure
- C. Intravenous fluid infusion to assure adequate preload volume**
- D. Nitroglycerin administration to improve perfusion of the coronary arteries

In a patient with inferior wall myocardial infarction and evidence of right ventricular infarction, intravenous fluid infusion is vital to ensure cardiovascular stability. Right ventricular infarction typically occurs in conjunction with inferior wall myocardial infarctions and can lead to significant hemodynamic compromise due to decreased filling pressures and a reduced cardiac output. Restoring adequate preload through fluid administration is essential because the right ventricle relies heavily on a sufficient volume of blood returning to it for optimal function, especially in the setting of ischemia. Without proper preload, the right ventricle cannot pump effectively, which can lead to hypotension and further cardiovascular instability. Administering beta-blockers in this context may not be advisable initially, as they can reduce heart rate and contractility, potentially worsening hypotension in a patient already compromised by right ventricular ischemia. Cardiac MRI, while beneficial in certain evaluations, is not an immediate intervention useful for stabilizing a patient in acute distress. Nitroglycerin can cause venodilation and reduce preload, which, although may alleviate some ischemic pain, could further compromise a patient with right ventricular involvement since it reduces venous return to the heart. Therefore, focusing on fluid resuscitation directly addresses the underlying issue of inadequate preload and helps in restoring

3. What is the most common type of stroke?

- A. Hemorrhagic stroke
- B. Ischemic stroke**
- C. Transient ischemic attack
- D. Subarachnoid hemorrhage

Ischemic stroke is the most common type of stroke, accounting for approximately 87% of all strokes. This type of stroke occurs when a blood vessel supplying blood to the brain is obstructed, often due to a blood clot or plaque buildup in the arteries. The interruption of blood flow deprives brain cells of necessary oxygen and nutrients, leading to cell death and potentially resulting in varying degrees of neurological impairment. In contrast, hemorrhagic strokes, which result from the rupture of a blood vessel in the brain, though they are a significant cause of stroke, represent a smaller percentage of the total cases. Transient ischemic attacks (TIAs) are sometimes referred to as "mini-strokes" and involve temporary disruptions in blood flow to the brain, but they are not classified as full strokes. Lastly, subarachnoid hemorrhage is a specific type of hemorrhagic stroke that occurs in the space between the brain and the tissue covering it, further limiting its classification as the most common type.

4. What would indicate a patient with urinary incontinence requires prompt intervention?

- A. Normal bowel movements
- B. Severe back pain**
- C. Decreased sensation in the lower extremities
- D. Urgency to urinate

Prompt intervention is particularly crucial when there are severe back pain symptoms, as this can signal potential serious underlying conditions such as spinal cord compression or cauda equina syndrome. In such scenarios, the risk of permanent neurological damage increases if intervention is delayed. Severe back pain associated with urinary incontinence may suggest a neurologic compromise that requires immediate evaluation and management. The other signs, while they might indicate a need for further evaluation, generally do not present the same level of immediate risk as severe back pain would. Normal bowel movements and urgency to urinate do not typically warrant urgent intervention, as they can occur in many benign situations. Decreased sensation in the lower extremities can indicate a neurological issue, but if it is not accompanied by other concerning symptoms such as back pain, it may not require the same prompt response. Therefore, severe back pain in a patient with urinary incontinence serves as a critical indicator for needing immediate action.

5. What is the initial treatment for a patient presenting with signs consistent with acute angle-closure glaucoma?

- A. Beta-blocker administration to decrease intraocular pressure
- B. Administer intravenous mannitol to reduce ocular pressure**
- C. Immediate surgical intervention to relieve pressure
- D. Oral acetazolamide as the first choice in management

In the context of acute angle-closure glaucoma, the initial treatment aims to rapidly reduce intraocular pressure to prevent permanent damage to the optic nerve. The administration of intravenous mannitol is effective because it creates an osmotic gradient that draws fluid out of the eye, thereby lowering the pressure. This rapid decongestive effect is crucial in managing an acute attack, where the risk of vision loss is significant. While other treatments may be useful in a broader management strategy for glaucoma, they do not provide the same immediate and significant reduction in intraocular pressure. Beta-blockers can reduce production of aqueous humor but do not act quickly enough for acute scenarios. Surgical intervention may be necessary but is not the first step in the acute management; instead, it is reserved for when medical treatment fails or is insufficient. Oral acetazolamide can decrease aqueous humor production, but again, it does not provide the prompt response required in emergencies compared to intravenous mannitol.

6. What is the best initial step in managing a chemical eye injury from hair dye?

- A. Administer calcium salts
- B. Administer copper sulfate
- C. Administer topical erythromycin
- D. Irrigate with water**

In the case of a chemical eye injury from hair dye, the best initial step in management is to irrigate the eye with water. This is crucial because immediate irrigation helps to dilute and remove the caustic substance that may cause further damage to the ocular tissues. Rapid treatment can minimize complications such as corneal burns, inflammation, and long-term vision loss. Specifically, using water or a saline solution to flush the eye will help to reduce the pH of the chemical agent, neutralizing its effects and providing immediate relief from pain and irritation. The longer the chemical remains in contact with the eye, the more severe the damage can become, which underscores the urgency of this action. Other options, such as administering calcium salts or copper sulfate, are not appropriate in this context because they may not effectively address the specific nature of the injury caused by hair dye. Moreover, administering topical erythromycin, while it may be used later to prevent infection, is not the first step in managing the immediate chemical exposure. Thus, the primary focus should always be on flushing the eye to mitigate the effects of the chemical exposure as quickly as possible.

7. What is the most appropriate treatment for a patient with sudden-onset racing heart after failing the Valsalva maneuver?

- A. Adenosine 6 mg IV**
- B. Amiodarone 150 mg IV
- C. Metoprolol 5 mg IV
- D. Synchronized cardioversion

The most appropriate treatment for a patient with sudden-onset racing heart, particularly if they exhibit signs of a paroxysmal supraventricular tachycardia (SVT), is adenosine 6 mg IV. Adenosine is a rapid-acting drug that can interrupt the reentry pathways in the heart, thereby terminating the reentrant tachycardia. It is specifically indicated for acute management of SVT and works by temporarily blocking conduction through the atrioventricular (AV) node, which can reset the electrical impulses and restore a normal rhythm. While other options like amiodarone, metoprolol, and synchronized cardioversion are valid treatments for various arrhythmias, they are typically used in different clinical scenarios or for more complex arrhythmias. Amiodarone is often reserved for more persistent or wide-complex tachycardias, while metoprolol is not a first-line treatment in acute situations. Synchronized cardioversion may be indicated if the patient is hemodynamically unstable, but for someone who responds well to methods such as the Valsalva maneuver, the immediate administration of adenosine provides a quick and effective solution for SVT.

8. In a patient with a medial bulge in the groin, what is the most likely anatomic location of the protrusion?

- A. At the internal inguinal ring
- B. Inferior to the inguinal ligament
- C. Medial to the inferior epigastric vessels**
- D. Through the femoral ring

In the context of a patient presenting with a medial bulge in the groin, the most likely anatomic location of the protrusion being medial to the inferior epigastric vessels indicates the presence of a direct inguinal hernia. This occurs when abdominal contents protrude through a weakness in the transversalis fascia, and this type of hernia typically occurs in an area where the posterior wall of the inguinal canal is less supported, specifically medial to the inferior epigastric vessels. Understanding the anatomy is crucial here. The inferior epigastric vessels serve as a landmark separating direct from indirect inguinal hernias. Direct hernias occur through a defect in the floor of the inguinal canal and are often seen in older individuals, making the location medial to these vessels a key feature in identifying the hernia type. Other options refer to different anatomical structures. The internal inguinal ring is the site through which an indirect inguinal hernia would protrude, and the inguinal ligament is superior to the femoral region, while the femoral ring is located below the inguinal ligament. These zones are not typically associated with medial bulges, which correlates strongly with the presentation of a direct

9. What is the best way to educate a patient with a pruritic rash that worsened after antifungal treatment?

- A. Advise him that topical corticosteroid therapy will relieve itching**
- B. Advise the patient to avoid sun exposure
- C. Assure him that no treatment is required and the rash will resolve in 1-2 weeks
- D. Assure him that the rash will resolve with oral corticosteroids in 1 week

Advising the patient that topical corticosteroid therapy will relieve itching is appropriate in this scenario because corticosteroids are effective anti-inflammatory agents commonly used to soothe pruritic rashes. When a rash worsens, particularly after initiating antifungal treatment, it is important to consider the possibility of an inflammatory reaction or a different underlying condition, such as contact dermatitis or a drug reaction. Topical corticosteroids can help reduce inflammation and alleviate the associated itching, providing symptomatic relief while further evaluation is conducted. In cases where a rash does not improve or worsens after treatment, it is critical to assess whether the original condition was misdiagnosed, or if there is a secondary reaction to either the antifungal medication or another irritant. Other management options, like avoidance of sun exposure or reassurance that no treatment is needed, may not appropriately address the patient's discomfort or the ongoing issue. Additionally, immediate reliance on systemic corticosteroids may not be necessary and could have potential side effects that are generally not warranted unless there is significant involvement or systemic symptoms. Overall, topical corticosteroids offer a balanced approach to manage symptoms effectively while further investigation into the rash's underlying cause can be conducted.

10. What is the primary treatment for a child with croup?

- A. Prednisone
- B. Antihistamines
- C. Dexamethasone**
- D. Albuterol

The primary treatment for a child with croup is dexamethasone. Dexamethasone is a corticosteroid that helps reduce inflammation in the airways, which is a key issue in croup. This medication is effective in minimizing the symptoms related to airway swelling, thus improving the child's ability to breathe comfortably and alleviating stridor (the harsh, wheezing sound produced during breathing due to narrowed airways). Croup is often caused by viral infections, leading to inflammation and narrowing of the upper airway. The use of dexamethasone has been shown to decrease the duration of symptoms as well as the need for other interventions, such as nebulized epinephrine, in moderate to severe cases. While prednisone may also be effective as a treatment option for croup, dexamethasone is preferred because of its longer duration of action, more favorable dosing regimen, and ease of administration, often in a single dose compared to prednisone's multi-day regimen. The other choices, such as antihistamines or albuterol, while beneficial in different contexts, do not address the underlying inflammation causing croup and are not considered standard first-line treatments for this condition.

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://rosh-emergencymedicine.examzify.com>

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

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