

ROSH EMERGENCY MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 the suspected diagnosis in a patient presenting with fatigue and low blood cell counts after starting carbamazepine?**
 - A. Drug-induced aplastic anemia
 - B. Glucose-6-phosphate dehydrogenase deficiency
 - C. Megaloblastic anemia
 - D. Myelodysplastic syndrome

- 2. What is most likely the underlying cause of velvety, hyperpigmented plaques on a young boy's neck?**
 - A. Cortisol deficiency
 - B. Hyperinsulinemia
 - C. Mechanical friction and irritation
 - D. Proliferation of melanocytes

- 3. In an older patient presenting with confusion, what imaging study is commonly indicated to evaluate for a potential cause?**
 - A. X-ray of the chest
 - B. CT scan of the head
 - C. Ultrasound of the abdomen
 - D. MRI of the brain

- 4. Which of the following is a risk factor for a suspected diagnosis in a patient presenting with right upper quadrant pain?**
 - A. Coffee consumption
 - B. Diet rich in polyunsaturated fats
 - C. Dyslipidemia
 - D. Male sex

- 5. What maneuver is crucial for managing patients suspected of having a cervical spine injury?**
 - A. Flexion stabilization
 - B. Inline stabilization
 - C. Extensive movement
 - D. Lateral positioning

- 6. What is the treatment of choice for symptomatic bradycardia?**
- A. Defibrillation
 - B. Atropine
 - C. Pacing
 - D. Amiodarone
- 7. What is the most appropriate intervention for a patient exhibiting symptoms of severe diverticulitis?**
- A. IV antibiotics
 - B. Immediate surgical intervention
 - C. Initial observation
 - D. Oral hydration
- 8. Which sign indicates a risk factor for hypocalcemia when noted on physical examination?**
- A. Chvostek sign
 - B. Trousseau sign
 - C. Both A and B
 - D. Neither A nor B
- 9. What is the standard treatment for a patient with a severe allergic reaction?**
- A. Antihistamines
 - B. Intravenous fluids
 - C. Epinephrine
 - D. Glucocorticoids
- 10. A patient presenting with chest pain and scratchy sound on auscultation is suspected of having which ECG changes?**
- A. A. Diffuse ST elevation and PR depression
 - B. B. Left ventricular hypertrophy
 - C. C. ST elevation in leads V1-V4
 - D. D. ST elevation in leads V3-V6 without PR changes

Answers

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

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Explanations

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1. What is the suspected diagnosis in a patient presenting with fatigue and low blood cell counts after starting carbamazepine?

- A. Drug-induced aplastic anemia**
- B. Glucose-6-phosphate dehydrogenase deficiency
- C. Megaloblastic anemia
- D. Myelodysplastic syndrome

The suspected diagnosis of drug-induced aplastic anemia in a patient presenting with fatigue and low blood cell counts after starting carbamazepine is supported by the understanding of how certain medications can affect bone marrow function. Carbamazepine is known to be associated with the development of aplastic anemia, a condition in which the bone marrow fails to produce sufficient blood cells, leading to a decrease in red blood cells, white blood cells, and platelets. This occurs as a result of an immune-mediated reaction, where the body mistakenly attacks the hematopoietic stem cells in the bone marrow, leading to profound cytopenias and associated symptoms such as fatigue, weakness, and susceptibility to infections due to low white blood cell counts. The timing of the symptom onset following the initiation of carbamazepine therapy also strengthens the likelihood of the drug being a contributing factor. Other possible conditions, such as glucose-6-phosphate dehydrogenase deficiency, megaloblastic anemia, and myelodysplastic syndrome, do not correlate as directly with the recent introduction of carbamazepine. For example, glucose-6-phosphate dehydrogenase deficiency typically presents with hemolytic anemia rather than aplastic anemia, and megaloblastic anemia is often

2. What is most likely the underlying cause of velvety, hyperpigmented plaques on a young boy's neck?

- A. Cortisol deficiency
- B. Hyperinsulinemia**
- C. Mechanical friction and irritation
- D. Proliferation of melanocytes

The presence of velvety, hyperpigmented plaques, particularly in areas such as the neck, suggests the condition known as acanthosis nigricans. This skin alteration is commonly associated with insulin resistance and hyperinsulinemia. In young individuals, particularly children and adolescents, this can often be a precursor or indicator of metabolic conditions such as obesity or type 2 diabetes. Hyperinsulinemia is an increase in insulin levels in the blood, often a response to insulin resistance where the body requires more insulin to maintain normal blood glucose levels. This persistent state leads to physiological changes in the skin, including the growth and thickening of the epidermis, which manifests as the characteristic velvety appearance of the plaques. While other factors could contribute to skin changes, such as hormonal imbalances (like cortisol deficiency) or mechanical irritation, the link between insulin resistance and the distinct appearance of acanthosis nigricans makes hyperinsulinemia the most relevant underlying cause in this context.

3. In an older patient presenting with confusion, what imaging study is commonly indicated to evaluate for a potential cause?

- A. X-ray of the chest
- B. CT scan of the head**
- C. Ultrasound of the abdomen
- D. MRI of the brain

In cases of confusion in an older patient, a CT scan of the head is commonly indicated to evaluate for potential causes such as cerebrovascular accidents (strokes), hemorrhages, or lesions that may be contributing to the altered mental status. This imaging method is particularly useful because it provides quick results and effectively visualizes the brain, allowing for the swift identification of acute changes. CT scans are favored in emergency situations, especially for older adults who may have increased risks of intracranial pathology. Additionally, the speed of obtaining a CT scan compared to an MRI is crucial in an emergency setting, where time-sensitive decisions are necessary for treatment. While other imaging modalities have their uses, such as MRI for more detailed images of brain structure or ultrasound for abdominal issues, they are not the first-line studies in the context of confusion. X-rays of the chest might assess for pulmonary problems or infections, but they do not provide information about brain pathology.

4. Which of the following is a risk factor for a suspected diagnosis in a patient presenting with right upper quadrant pain?

- A. Coffee consumption
- B. Diet rich in polyunsaturated fats
- C. Dyslipidemia**
- D. Male sex

Dyslipidemia stands out as a significant risk factor for a suspected diagnosis when a patient presents with right upper quadrant pain, particularly in the context of conditions such as gallbladder disease or pancreatitis. Dyslipidemia refers to abnormal lipid levels, which can lead to the formation of gallstones—one of the most common causes of right upper quadrant pain. The presence of cholesterol gallstones is particularly associated with high levels of low-density lipoprotein (LDL) and triglycerides, conditions that are encompassed by dyslipidemia. In patients presenting with right upper quadrant pain, dyslipidemia can indicate a higher likelihood of related complications, such as acute cholecystitis resulting from gallstone obstruction. Understanding the metabolic implications of dyslipidemia is essential in evaluating the overall risk profile for gallbladder complications in this clinical scenario. The other options, while having associations with various health conditions, do not have a direct link to the risk of specific diagnoses that present with right upper quadrant pain. For example, coffee consumption and a diet rich in polyunsaturated fats do not significantly contribute to the risks associated with gallbladder disease, and male sex is less critical as a solitary risk factor compared to the established

5. What maneuver is crucial for managing patients suspected of having a cervical spine injury?

- A. Flexion stabilization
- B. Inline stabilization**
- C. Extensive movement
- D. Lateral positioning

Inline stabilization is crucial for managing patients suspected of having a cervical spine injury because it helps maintain the alignment of the cervical spine, preventing further damage. This maneuver involves keeping the head and neck in line with the body while minimizing any movement during the assessment or transport of the patient. In cases of cervical spine injury, any unnecessary movement can exacerbate the injury and potentially lead to severe neurological deficits or paralysis. By using inline stabilization, emergency responders can effectively immobilize the cervical spine, minimizing the risk of additional harm while allowing for necessary medical interventions. Maintaining this alignment is particularly important when the patient is being assessed or if there is a need for rapid transport to a medical facility, ensuring that any pre-existing injury to the cervical spine is not further complicated by movement.

6. What is the treatment of choice for symptomatic bradycardia?

- A. Defibrillation
- B. Atropine**
- C. Pacing
- D. Amiodarone

The treatment of choice for symptomatic bradycardia is atropine. Atropine works by blocking the action of the vagus nerve, which decreases parasympathetic tone and increases heart rate. This anticholinergic mechanism is particularly effective in cases where bradycardia is associated with a high vagal tone, such as in certain types of heart blocks or in the setting of symptomatic bradyarrhythmias. When a patient presents with symptomatic bradycardia—manifesting as dizziness, weakness, fatigue, or hypotension—prompt administration of atropine can help to quickly raise the heart rate and alleviate symptoms. While pacing may be employed in certain situations, especially in cases where atropine is ineffective or in high-degree heart blocks, it is not the first-line treatment unless the bradycardia is severe or persistent and the patient is unstable. Defibrillation is indicated for life-threatening arrhythmias, such as ventricular fibrillation or pulseless ventricular tachycardia, rather than for bradycardia. Amiodarone is an antiarrhythmic medication used primarily for tachyarrhythmias, not bradycardia, and thus is not appropriate as a treatment for this condition.

7. What is the most appropriate intervention for a patient exhibiting symptoms of severe diverticulitis?

- A. IV antibiotics**
- B. Immediate surgical intervention
- C. Initial observation
- D. Oral hydration

In cases of severe diverticulitis, the most appropriate intervention involves the administration of intravenous antibiotics. This approach is critical because it addresses the underlying infection and inflammation associated with diverticulitis. Patients often present with symptoms such as abdominal pain, fever, and possible inflammation or abscess formation. IV antibiotics can help control the infection, which is essential for preventing potential complications, including perforation or abscess formation. The importance of using IV antibiotics is particularly relevant for patients who are significantly symptomatic or may have comorbidities that place them at higher risk of complications. This intervention allows for more immediate and effective management compared to oral antibiotics, particularly in a hospital setting where the patient's condition may warrant closer monitoring and immediate care. While other interventions—like surgical options or observation—are relevant in different contexts, they are not the first-line approach in the management of severe diverticulitis. Immediate surgical intervention may be considered in cases where there are complications, such as a perforation or abscess that does not respond to conservative treatment. Initial observation may be appropriate for less severe cases, and oral hydration can be part of overall supportive care, especially in milder cases. However, for a patient presenting with severe symptoms, IV antibiotics are the most appropriate and effective initial

8. Which sign indicates a risk factor for hypocalcemia when noted on physical examination?

- A. Chvostek sign
- B. Trousseau sign
- C. Both A and B**
- D. Neither A nor B

The presence of both Chvostek sign and Trousseau sign during a physical examination is indicative of a risk factor for hypocalcemia. Chvostek sign is elicited by tapping on the facial nerve in front of the ear and observing for facial twitching or spasms. This reaction indicates neuromuscular excitability due to low calcium levels, which is a hallmark of hypocalcemia. Trousseau sign is observed by inflating a blood pressure cuff around the upper arm to a level above systolic pressure for a few minutes. If hypocalcemia is present, this may trigger carpopedal spasms (spasms of the hand and forearm), further demonstrating an underlying neuromuscular irritability associated with decreased calcium levels. Both signs are significant as they serve as clinical indicators that suggest the neuromuscular system is affected by low calcium, thus representing a risk for hypocalcemia.

9. What is the standard treatment for a patient with a severe allergic reaction?

- A. Antihistamines
- B. Intravenous fluids
- C. Epinephrine**
- D. Glucocorticoids

In cases of severe allergic reactions, such as anaphylaxis, the standard treatment is epinephrine. This medication works rapidly to counteract the life-threatening symptoms associated with severe allergic reactions. It acts on alpha and beta-adrenergic receptors, leading to vasoconstriction, increased heart rate, and bronchodilation. These effects help to reverse airway swelling, improve breathing, and stabilize blood pressure, which are critical in managing anaphylaxis. Epinephrine is typically administered intramuscularly, most commonly in the mid-anterolateral thigh, using an auto-injector for quick and efficient delivery. Its prompt administration is vital, as delays can lead to more severe outcomes, including respiratory distress and cardiovascular collapse. While antihistamines, intravenous fluids, and glucocorticoids can be part of the treatment for allergic reactions or anaphylaxis, they are not the first-line therapy. Antihistamines may relieve mild symptoms but do not address the life-threatening aspects of anaphylaxis. Intravenous fluids may be helpful in some cases, especially in hypotensive patients, but they do not treat the underlying cause of anaphylaxis. Glucocorticoids can be used to help prevent a biphasic reaction.

10. A patient presenting with chest pain and scratchy sound on auscultation is suspected of having which ECG changes?

- A. A. Diffuse ST elevation and PR depression**
- B. B. Left ventricular hypertrophy
- C. C. ST elevation in leads V1-V4
- D. D. ST elevation in leads V3-V6 without PR changes

The presence of chest pain accompanied by a scratchy sound upon auscultation is highly suggestive of pericarditis, an inflammation of the pericardium which can cause referred pain and characteristic auscultatory findings. In pericarditis, the typical ECG changes include diffuse ST elevation across multiple leads and PR segment depression. The diffuse ST elevation is due to the inflammation affecting the heart muscle and can be observed in most leads, rather than localized to specific areas. Additionally, PR segment depression is often noted as a direct result of the inflammatory process irritating the pericardium and the corresponding atrial tissue. This electrical disturbance reflects the widespread nature of the inflammatory process, distinguishing pericarditis from other conditions that might manifest with chest pain or atypical heart sounds. Since none of the other options align with the classic presentation or ECG findings associated with pericarditis, they do not apply in this case. This background supports the selection of diffuse ST elevation and PR depression as the correct answer for the suspected ECG changes in a patient presenting with these symptoms.

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.

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

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