Sacramento State Medic Module 6 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

1. Gravida refers to the number of what?

A. Number of deliveries

B. Number of live births

C. Number of pregnancies

D. Number of abortions

2. Wheezing is described as which of the following?

A. Upper airway noise on INHALE - high-pitched

B. Positional/neuro impairment snoring

C. Stridor

D. Lower airway noise on EXHALE - wheeze sound

3. Which non-circulatory physiologic change occurs during pregnancy?

A. The GI tract smooth muscle relaxes.

B. The GI tract becomes more active and empties faster.

C. Stomach empties more quickly.

D. The kidneys increase in size and volume.

4. At what gestational age does the placenta start dying/rotting?

A. 37 weeks

B. 43 weeks and above

C. 28 weeks

D. 40 weeks

5. Which statement describes complex febrile seizures?

A. Brief generalized seizures without abnormalities

B. Longer than 15 minutes, focal, or with baseline neurologic abnormality

C. Absence seizures

D. Febrile status epilepticus

6. During Week 2, what key developmental event occurs?

A. The embryo begins to draw on maternal circulation.

B. The heart beats.

C. Blood cells circulate.

D. Placenta forms.

7. In management of pediatric heart failure, which intervention should be used with caution due to risk of fluid overload?

A. Oxygen therapy

B. IV fluids

C. Diuretics

D. Inotropic medications

8. A defining characteristic of pediatric heart failure is that the heart cannot meet metabolic demands at which venous pressure?

A. Normal physiologic venous pressures

B. Elevated venous pressures

C. Low venous pressures

D. Unchanged venous pressures

9. During assessment of a toddler, which approach is recommended?

A. Examine on parent's lap; have a parent assist when possible.

B. Stand at the child's level and touch minimally.

C. Rely on the child to remain seated without supervision.

D. Restrain the child in a chair and proceed quickly.

10. In the third trimester, which position is recommended to improve venous return and reduce hypotension?

A. Supine

B. Left lateral recumbent

C. Prone

D. Standing

Answers

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

Explanations

1. Gravida refers to the number of what?

A. Number of deliveries

B. Number of live births

C. Number of pregnancies

D. Number of abortions

Gravida is the number of times a woman has been pregnant. This count includes the current pregnancy and covers all outcomes—live births, miscarriages, abortions, or stillbirths. It does not reflect how many deliveries have occurred (that's a separate measure called parity) or focus on live births alone. In practice, gravidity is used alongside other terms to describe obstetric history (for example, in a GTPAL framework). So, the correct idea is that gravidity counts how many pregnancies a patient has had.

2. Wheezing is described as which of the following?

A. Upper airway noise on INHALE - high-pitched

B. Positional/neuro impairment snoring

C. Stridor

D. Lower airway noise on EXHALE - wheeze sound

Wheezing is a lower airway noise heard during exhalation due to narrowed airways in the lower respiratory tract. The air moving through constricted bronchioles creates a high-pitched, musical whistling sound as expiration occurs. This contrasts with stridor, which is an upper airway noise heard during inhalation from obstruction above the larynx, and with snoring, which is a soft tissue vibration typically not related to lower airway narrowing.

3. Which non-circulatory physiologic change occurs during pregnancy?

A. The GI tract smooth muscle relaxes.

B. The GI tract becomes more active and empties faster.

C. Stomach empties more quickly.

D. The kidneys increase in size and volume.

During pregnancy, hormonal changes—especially higher progesterone—cause smooth muscle relaxation throughout the GI tract. This reduces GI motility and slows gastric emptying, a non-circulatory change because it involves the function of the digestive system rather than the heart or blood vessels. That's why the option describing GI smooth muscle relaxation best fits: it explains a functional, non-circulatory adaptation to pregnancy and aligns with common pregnancy-related GI symptoms like constipation and reflux. The other statements describe increased GI activity or faster emptying, which progesterone does not cause. (Renal enlargement is another pregnancy adaptation, but the GI motility change is the characteristic non-circulatory physiologic change highlighted here.)

4. At what gestational age does the placenta start dying/rotting?

A. 37 weeks

B. 43 weeks and above

C. 28 weeks

D. 40 weeks

Placental aging progresses as gestation advances. By term, the placenta shows aging changes such as calcifications and reduced villous reserve, and these changes become markedly evident once pregnancy goes beyond 42 weeks. When the pregnancy reaches 43 weeks and above, the placenta's functional reserve is significantly diminished, which is why this is the point where it's described as "dying/rotting" or markedly aging. So, the most appropriate choice is 43 weeks and above. The other options fit term or near-term but don't reflect the stage where aging is clearly pronounced: 37 weeks is term but not typically when placental aging is evident; 40 weeks is term with ongoing aging but not as clearly as post-term; 28 weeks is far too early for this level of placental aging.

5. Which statement describes complex febrile seizures?

A. Brief generalized seizures without abnormalities

B. Longer than 15 minutes, focal, or with baseline neurologic abnormality

C. Absence seizures

D. Febrile status epilepticus

Complex febrile seizures are febrile seizures with features that make them atypical: they last longer, begin with focal symptoms, or occur in a child with preexisting neurologic abnormalities. The statement that describes this best lists seizures lasting longer than 15 minutes, or having focal features, or occurring in the context of a baseline neurologic abnormality. Those criteria directly capture what makes a febrile seizure "complex," distinguishing it from the simpler, generalized, brief seizures that occur with fever in most children. Absence seizures are a different seizure type not specifically linked to fever, and febrile status epilepticus is a prolonged example of the duration criterion already included in that description.

6. During Week 2, what key developmental event occurs?

A. The embryo begins to draw on maternal circulation.

B. The heart beats.

C. Blood cells circulate.

D. Placenta forms.

Week 2 focuses on establishing access to maternal blood. After implantation, the trophoblast forms lacunae that fill with maternal blood, creating a primitive network through which nutrients and oxygen can diffuse to the developing embryo. This is the start of the embryo drawing on maternal circulation, which supports growth before a fully formed placenta is established. The heart beating begins later (around week 4), and blood cells start circulating a bit later as hematopoietic tissues develop. The placenta itself becomes more clearly defined in the following weeks, but the essential early step is connecting to the maternal circulation for nourishment.

7. In management of pediatric heart failure, which intervention should be used with caution due to risk of fluid overload?

A. Oxygen therapy

B. IV fluids

C. Diuretics

D. Inotropic medications

In pediatric heart failure, keeping fluid balance under control is crucial because the heart already struggles to pump effectively. Intravenous fluids raise preload by increasing intravascular volume, which can worsen edema and pulmonary congestion and tip a patient into fluid overload. That's why IV fluids should be used with great caution or avoided when signs of volume overload are present. Oxygen helps with gas exchange but doesn't directly affect fluid status. Diuretics are used to remove excess fluid and reduce preload, addressing the overload. Inotropic medications improve contractility and cardiac output, which can help perfusion without inherently causing fluid overload, though they require careful monitoring.

8. A defining characteristic of pediatric heart failure is that the heart cannot meet metabolic demands at which venous pressure?

A. Normal physiologic venous pressures

B. Elevated venous pressures

C. Low venous pressures

D. Unchanged venous pressures

A key idea is that pediatric heart failure is defined by the heart's inability to supply enough forward flow to meet the body's metabolic needs, even when venous return and filling pressures are still within the normal range. In children, tissues may become underperfused and symptoms appear before venous congestion develops, so venous pressures stay at normal physiologic levels. Elevated venous pressures indicate congestion and fluid overload, which is not the defining feature early on in pediatric heart failure.

9. During assessment of a toddler, which approach is recommended?

A. Examine on parent's lap; have a parent assist when possible.

B. Stand at the child's level and touch minimally.

C. Rely on the child to remain seated without supervision.

D. Restrain the child in a chair and proceed quickly.

For toddlers, comfort and safety during an exam come from having a familiar caregiver involved. Examining on the parent's lap and having the parent assist provides a secure, soothing presence that reduces fear and resistance. The parent can help position the child, hold still when needed, and calmly explain what's happening, which makes it easier to complete the assessment accurately and without undue distress. This supportive setup fosters cooperation and trust, important for future visits. Standing at the child's level with minimal touch can reduce anxiety to some extent, but it doesn't offer the same immediate comfort and hands-on help the parent provides. Expecting a toddler to stay seated without supervision is unrealistic and unsafe. Restraining the child in a chair and rushing the exam is distressing and can damage trust and cooperation.

10. In the third trimester, which position is recommended to improve venous return and reduce hypotension?

A. Supine

B. Left lateral recumbent

C. Prone

D. Standing

Late in pregnancy, the enlarged uterus can press on the inferior vena cava when a woman lies on her back, reducing venous return to the heart and risking hypotension. Lying on the left side relieves this compression, improves venous return, increases preload and cardiac output, and helps stabilize blood pressure and placental perfusion. The other positions don't provide that relief: lying supine keeps the IVC compressed; standing lowers venous return due to gravity; and the prone position presses on the abdomen and isn't practical.

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://sacstatemedicmod6.examzify.com

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