

SACRAMENTO STATE MEDIC MODULE 6 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 statement is true about bacterial tracheitis?**
 - A. It responds well to racemic epinephrine.
 - B. It is a viral infection of the subglottic area.
 - C. It presents with thick purulent secretions and a preceding viral infection.
 - D. It is best treated with inhaled antibiotics.

- 2. Which statement best describes circulatory changes during pregnancy?**
 - A. Blood volume increases up to 50% to meet fetal needs.
 - B. Blood volume decreases during pregnancy.
 - C. Cardiac output decreases.
 - D. RBCs decrease.

- 3. Which of the following is an indication for intubation in a newborn?**
 - A. Meconium-stained fluid, nonvigorous newborn
 - B. Full-term infant with no airway issues
 - C. Healthy term infant with normal respiration
 - D. Lack of crying after birth

- 4. Which of the following is a common birth injury in newborns?**
 - A. Caput succedaneum
 - B. Fractured femur
 - C. Umbilical hernia
 - D. Nevus flammeus

- 5. Which sign is a recognized indicator of cerebral shunt malfunction in a pediatric patient?**
 - A. Seizures only
 - B. Fever only
 - C. Vomiting
 - D. Shortness of breath

- 6. What is the recommended fluid bolus for dehydration in pediatric viral gastroenteritis?**
- A. 5 mL/kg hypotonic saline
 - B. 20 mL/kg isotonic fluid
 - C. 100 mL/kg hypotonic fluid
 - D. No fluids; observe
- 7. What determines the severity of hypoglycemia in a child?**
- A. Blood glucose level
 - B. Time of day
 - C. Temperature
 - D. Parental age
- 8. Dilated cardiomyopathy in children is most commonly due to which factors?**
- A. Genetic mutation only
 - B. Nutritional deficiency
 - C. Viral infection or toxicity
 - D. Bacterial infection
- 9. 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.
- 10. In pediatric meningitis, which rash is most characteristic of the condition?**
- A. Petechial rash
 - B. Maculopapular rash
 - C. Vesicular rash
 - D. Purpuric rash

Answers

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

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Explanations

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1. Which statement is true about bacterial tracheitis?

- A. It responds well to racemic epinephrine.
- B. It is a viral infection of the subglottic area.
- C. It presents with thick purulent secretions and a preceding viral infection.**
- D. It is best treated with inhaled antibiotics.

Bacterial tracheitis is an acute bacterial infection of the trachea that often follows a viral upper respiratory illness. The key feature is thick, purulent secretions that can clog the airway, causing stridor and respiratory distress, sometimes more severely than the underlying illness would suggest. This pattern—a preceding viral illness with now thick, purulent secretions—is what makes that statement the best description. Racemic epinephrine helps mainly in croup by reducing subglottic edema, not in bacterial tracheitis where the problem is purulent tracheal secretions and bacterial invasion, so that response isn't reliable here. It isn't a viral infection of the subglottic area, which would describe croup rather than bacterial tracheitis. And inhaled antibiotics aren't the standard treatment for this condition, where systemic antibiotics and airway management are the mainstays.

2. Which statement best describes circulatory changes during pregnancy?

- A. Blood volume increases up to 50% to meet fetal needs.**
- B. Blood volume decreases during pregnancy.
- C. Cardiac output decreases.
- D. RBCs decrease.

During pregnancy the circulatory system must support both the mother and the growing fetus, so several adaptations occur. The most important change is a substantial expansion of blood volume. Plasma volume climbs by about half, while red cell mass also increases but to a lesser extent, so the total blood volume rises roughly 40–50%. This extra volume helps perfuse the uterus and placenta and prepares the body for blood loss at delivery. Because plasma expands more than red cells, the blood becomes more dilute, leading to a lower hematocrit—this is normal and not a sign of disease. Along with the rise in blood volume, cardiac output increases significantly (due to higher heart rate and greater stroke volume), and systemic vascular resistance falls to accommodate the increased flow. These coordinated changes support fetal needs and maternal circulation. So the statement describing a large increase in blood volume to meet fetal needs best captures the circulatory changes during pregnancy. The other options describe decreases in blood volume, decreases in cardiac output, or decreases in RBCs, which do not align with the physiological adaptations that occur.

3. Which of the following is an indication for intubation in a newborn?

- A. Meconium-stained fluid, nonvigorous newborn**
- B. Full-term infant with no airway issues
- C. Healthy term infant with normal respiration
- D. Lack of crying after birth

Meconium-stained fluid in a newborn who is nonvigorous signals a high risk of meconium aspiration and airway obstruction, making securing the airway with endotracheal suctioning urgent. In a nonvigorous baby, clearing the trachea directly helps remove any meconium before it can be drawn deeper into the lungs during the first breaths, which is why this scenario is the clear indication for intubation. The other options describe babies who are breathing well or showing distress in a way that does not by itself require intubation, so they aren't indications for putting a tube down the airway.

4. Which of the following is a common birth injury in newborns?

A. Caput succedaneum

B. Fractured femur

C. Umbilical hernia

D. Nevus flammeus

Caput succedaneum is a common birth finding caused by edema of the scalp from pressure during labor. It appears as soft, diffuse swelling on the neonatal scalp that crosses the suture lines and is present at birth. It typically resolves on its own within 24–48 hours (sometimes a few days) without any treatment. This differs from other conditions: a fractured femur would indicate a traumatic injury during delivery, an umbilical hernia is a congenital defect, and a nevus flammeus is a birthmark, not a birth injury.

5. Which sign is a recognized indicator of cerebral shunt malfunction in a pediatric patient?

A. Seizures only

B. Fever only

C. Vomiting

D. Shortness of breath

Vomiting is a sign of increased intracranial pressure, which can occur when a cerebral shunt malfunctions and CSF can't drain properly. In children, this rise in pressure often shows up first as vomiting, sometimes along with irritability, poor feeding, or lethargy, and in infants may include a bulging fontanelle. Seizures can occur with high pressure but are less specific to shunt malfunction. Fever typically points more toward infection rather than malfunction, and shortness of breath isn't a classic indicator of shunt problems. So vomiting best fits as a recognizable indicator of shunt malfunction in a pediatric patient.

6. What is the recommended fluid bolus for dehydration in pediatric viral gastroenteritis?

A. 5 mL/kg hypotonic saline

B. 20 mL/kg isotonic fluid

C. 100 mL/kg hypotonic fluid

D. No fluids; observe

Quickly restoring circulating volume with an isotonic fluid bolus is the key step when a child with dehydration from viral gastroenteritis shows signs of poor perfusion. The recommended amount is 20 mL per kilogram of body weight, given intravenously (normal saline or lactated Ringer's) over a few minutes. Isotonic fluids stay in the intravascular space long enough to improve blood pressure and perfusion without causing dangerous shifts in osmolality. If shock signs persist after a bolus, repeat up to a total of 60 mL/kg with reassessment after each administration. Hypotonic fluids are avoided because they can worsen hyponatremia and cerebral edema, and giving no fluids would leave hypovolemia untreated. So, 20 mL/kg of isotonic fluid is the appropriate initial bolus.

7. What determines the severity of hypoglycemia in a child?

A. Blood glucose level

B. Time of day

C. Temperature

D. Parental age

Severity is determined by how low the blood glucose level drops. When glucose in the blood falls, the brain loses its main energy source, leading to neuroglycopenia that progresses from mild symptoms (irritability, pallor, tremor) to more serious signs (confusion, seizures, coma) as the nadir becomes deeper. The rate and duration of the drop can influence how quickly and severely symptoms appear, but the absolute glucose level is the primary factor setting how severe the hypoglycemia will be. Factors like time of day, ambient temperature, or parental age don't determine the severity of the low blood sugar itself, though they can affect recognition or triggering conditions.

8. Dilated cardiomyopathy in children is most commonly due to which factors?

A. Genetic mutation only

B. Nutritional deficiency

C. Viral infection or toxicity

D. Bacterial infection

The main idea here is that viral myocarditis or toxin-related injury is the most common trigger for dilated cardiomyopathy in children. Viral infections, especially enteroviruses like Coxsackie and adenovirus, can inflame the heart muscle and cause lasting damage that leads to dilation of the ventricles and impaired pumping ability. Toxic exposures, such as certain chemotherapy agents (for example, anthracyclines), can injure myocardial cells and similarly result in a dilated, poorly functioning heart. Genetic mutations do contribute to pediatric dilated cardiomyopathy, but they are not the most frequent cause across cases. Nutritional deficiencies and bacterial infections are less commonly the underlying drivers of primary dilated cardiomyopathy in children.

9. 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.)

10. In pediatric meningitis, which rash is most characteristic of the condition?

A. Petechial rash

B. Maculopapular rash

C. Vesicular rash

D. Purpuric rash

*Petechial rashes are tiny non-blanching hemorrhagic spots that appear when small blood vessels leak, a pattern classically linked to meningococcal disease accompanying meningitis. In children with meningitis, the appearance of these pinpoint lesions reflects microvascular bleeding from septicemia and is a hallmark clue pointing toward *Neisseria meningitidis* as the cause. Maculopapular rashes are more typical of many viral illnesses and don't have the same non-blanching bleed pattern. Vesicular rashes suggest varicella or herpes infections, and purpuric rashes are larger non-blanching patches that can occur with severe sepsis but are not as characteristic for meningitis as the tiny petechiae. So the small, non-blanching petechiae best identify the scenario. If such a rash is seen in a febrile child, treat as suspected meningococcal meningitis and pursue urgent evaluation and antibiotics.*

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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://sacstatemedicmod6.examzify.com>

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

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