

# SAEM Emergency Department (ED) 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. What is the maximum size for a foreign body ingestion that might be too large to pass in an adult?**
  - A. 5cm long x 2cm wide**
  - B. 6cm long x 2.5cm wide**
  - C. 7cm long x 3cm wide**
  - D. 8cm long x 4cm wide**
- 2. What does the acronym "RACE" stand for in stroke recognition?**
  - A. Rapid Assessment of Critical Emergencies**
  - B. Reassessment of Acute Care Environment**
  - C. Rapid Arterial occlusion Evaluation**
  - D. Real-time Assessment of Cardiac Events**
- 3. Which condition would most commonly present with abdominal distension and vomiting?**
  - A. Diverticulitis**
  - B. Intestinal obstruction**
  - C. Gastric ulcer**
  - D. Cholecystitis**
- 4. If a pediatric patient is asymptomatic after coin ingestion, what is the management approach?**
  - A. Immediate endoscopic removal**
  - B. Expectant management with follow-up in 24 hours**
  - C. Hospital admission for observation**
  - D. Administer activated charcoal**
- 5. What is the role of Nitroprusside in emergency care?**
  - A. It increases heart rate**
  - B. It is a fast-acting vasodilator used to manage hypertensive emergencies**
  - C. It acts as a diuretic for fluid overload**
  - D. It provides sedation during procedures**

- 6. Which of the following is NOT part of the AEIOUTIPS mnemonic for altered mental status?**
- A. Trauma**
  - B. Electrolytes**
  - C. Temperature**
  - D. Allergy**
- 7. Which laboratory tests are typically included in the evaluation for perforated viscus?**
- A. H/H and PT/INR**
  - B. Glucose and electrolytes**
  - C. Type/cross, H/H, PT/INR, WBC, lactate, lipase, LFTs, BMP**
  - D. Creatinine and BUN**
- 8. During advanced cardiac life support (ACLS), when should the 'H's and T's' be considered?**
- A. In ventricular tachycardia**
  - B. In cardiac arrest scenarios**
  - C. During chest pain evaluation**
  - D. During respiratory arrest scenarios**
- 9. What is the specific protocol for treating aspirin toxicity?**
- A. 150 mEq NaHCO<sub>3</sub> in 1L D5W, titrate to urine pH 7.5**
  - B. Activated charcoal at any time after ingestion**
  - C. IV fluids only until symptoms resolve**
  - D. Digoxin and potassium supplement**
- 10. What is the recommended approach to manage an adrenaline-resistant severe asthma attack?**
- A. Increase oral steroid dosage**
  - B. Administer additional anticholinergics**
  - C. Utilize magnesium sulfate**
  - D. Use ketamine for sedation**



## **Answers**

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

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## **Explanations**

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**1. What is the maximum size for a foreign body ingestion that might be too large to pass in an adult?**

- A. 5cm long x 2cm wide**
- B. 6cm long x 2.5cm wide**
- C. 7cm long x 3cm wide**
- D. 8cm long x 4cm wide**

The maximum size for a foreign body ingestion in an adult that might be too large to pass typically ranges around 6cm in length and 2.5cm in width. Objects larger than this size are more likely to cause obstruction, either due to their size exceeding the dimensions of the esophagus or due to their shape, which can complicate their passage through the gastrointestinal tract. In many clinical scenarios, 6cm serves as a critical threshold for potential complications, such as impaction or perforation, especially when considering objects that are rigid or have irregular shapes. While foreign bodies smaller than this size typically have a better chance of passage, the inclusion of the width implies that a combination of dimensions influences the likelihood of successful transit through the esophagus. Understanding this size guide is crucial for emergency management of cases involving foreign body ingestion, allowing healthcare providers to assess the need for intervention, such as endoscopy, when an object exceeds these measurements.

**2. What does the acronym "RACE" stand for in stroke recognition?**

- A. Rapid Assessment of Critical Emergencies**
- B. Reassessment of Acute Care Environment**
- C. Rapid Arterial occlusion Evaluation**
- D. Real-time Assessment of Cardiac Events**

The acronym "RACE" stands for Rapid Arterial occlusion Evaluation, which is a tool specifically designed to facilitate the quick identification of large vessel occlusions in patients with acute strokes. The importance of this acronym lies in its focus on improving the speed and accuracy of stroke assessment, which can significantly impact patient outcomes. Recognizing large vessel occlusions is critical because they are associated with more severe strokes and can often benefit from timely interventions, such as thrombectomy. In emergency settings, where time is of the essence, the RACE scale helps healthcare providers efficiently assess and triage patients, ultimately enhancing the overall quality of care and ensuring that patients receive the necessary treatment as quickly as possible. This is particularly vital in stroke management, where "time is brain," meaning that delays in treatment can lead to increased morbidity and mortality. The other options, while they might refer to relevant concepts in emergency medicine, do not pertain to the specific and established RACE framework used for stroke recognition.

**3. Which condition would most commonly present with abdominal distension and vomiting?**

- A. Diverticulitis
- B. Intestinal obstruction**
- C. Gastric ulcer
- D. Cholecystitis

Intestinal obstruction is the condition most commonly associated with abdominal distension and vomiting. This is due to the accumulation of intestinal contents, gas, and fluid that cannot pass through a blockage in the intestinal tract. As the obstruction persists, the pressure builds up, leading to abdominal distension. The body attempts to relieve the pressure and clear the obstruction through the process of vomiting. This can often be accompanied by symptoms such as cramping abdominal pain and the inability to pass gas or stool. In contrast, diverticulitis might present with abdominal pain, fever, and changes in bowel habits, but it is less typical to see significant distension and vomiting in an uncomplicated case. Gastric ulcers can lead to gastric outlet obstruction, but this is not the most direct or common presentation, as patients often experience epigastric pain, nausea, or potential upper gastrointestinal bleeding rather than the classic signs of obstruction. Cholecystitis typically presents with right upper quadrant pain, fever, and possibly jaundice, with less focus on abdominal distension and vomiting unless there are complications such as perforation or obstruction related to gallstones.

**4. If a pediatric patient is asymptomatic after coin ingestion, what is the management approach?**

- A. Immediate endoscopic removal
- B. Expectant management with follow-up in 24 hours**
- C. Hospital admission for observation
- D. Administer activated charcoal

In the case of a pediatric patient who is asymptomatic after ingesting a coin, the management approach typically involves expectant management with follow-up within 24 hours. This practice is grounded in the understanding that most coins will pass through the gastrointestinal tract without causing harm, particularly in asymptomatic patients. Monitoring the child's condition is essential, but intervention such as immediate endoscopic removal is generally not indicated unless there are symptoms or complications, such as obstruction or perforation, which are not present in this case. Similarly, hospitalization for observation would be unnecessary for asymptomatic patients, as most do not require inpatient care, and the likelihood of the coin causing an obstruction is low. Administering activated charcoal is not appropriate in this context, as activated charcoal is used for certain types of toxic ingestions but does not bind to metals like coins and may pose a risk if the coin causes complications. Thus, expectant management allows for careful observation and ensures that any changes in the child's condition can be addressed in a timely manner without unnecessary interventions.

**5. What is the role of Nitroprusside in emergency care?**

- A. It increases heart rate
- B. It is a fast-acting vasodilator used to manage hypertensive emergencies**
- C. It acts as a diuretic for fluid overload
- D. It provides sedation during procedures

Nitroprusside plays a significant role in emergency care as a fast-acting vasodilator, particularly in the management of hypertensive emergencies. This medication works by relaxing the smooth muscle of blood vessels, leading to a rapid decrease in systemic vascular resistance and, consequently, lowering blood pressure. In situations where individuals present with severely elevated blood pressure, such as hypertensive crises, immediate intervention is required to prevent complications like stroke or myocardial infarction. Nitroprusside quickly reduces blood pressure, allowing for controlled management and stabilization of the patient. The ability of Nitroprusside to act rapidly makes it particularly useful in emergency settings, where rapid adjustments in blood pressure are critical. Its effects begin within minutes, which provides the physician with an immediate response to a hypertensive crisis. This specific mechanism of action sets Nitroprusside apart from other classes of medications, as it does not function as a diuretic or provide sedation, nor does it contribute to increasing heart rate. Each of these functions is associated with different types of drugs used in emergency medicine, highlighting the unique and critical role of Nitroprusside in vascular management.

**6. Which of the following is NOT part of the AEIOUTIPS mnemonic for altered mental status?**

- A. Trauma
- B. Electrolytes
- C. Temperature
- D. Allergy**

The AEIOUTIPS mnemonic is a systematic way to evaluate altered mental status by considering various causes that may contribute to a patient's condition. Each letter stands for a specific category of potential causes, helping healthcare providers remember important factors to assess. In this mnemonic, 'A' typically stands for Alcohol, 'E' for Electrolyte imbalances, 'I' for Insulin (and related issues), 'O' for Overdose, 'U' for Uremia, 'T' for Trauma, 'I' for Infection, 'P' for Psychiatric conditions, and 'S' for Stroke. The answer provided is correct because "Allergy" is not included in this mnemonic. While allergic reactions can potentially lead to altered mental status in some scenarios, they are not one of the categories explicitly outlined in AEIOUTIPS. Instead, elements like Trauma, Electrolytes, and Temperature are integral parts of the mnemonic, as they directly relate to physiological and medical conditions that can lead to changes in mental status. This clear categorization allows for a focused and efficient assessment in an emergency setting, ensuring that critical causes are not overlooked while evaluating a patient with altered mental status.

**7. Which laboratory tests are typically included in the evaluation for perforated viscus?**

- A. H/H and PT/INR
- B. Glucose and electrolytes
- C. Type/cross, H/H, PT/INR, WBC, lactate, lipase, LFTs, BMP**
- D. Creatinine and BUN

The comprehensive evaluation for perforated viscus typically includes a variety of laboratory tests that provide essential information about the patient's hemodynamic status, potential infection, and the function of vital organs. The inclusion of type and crossmatch is crucial since patients with a perforated viscus often require surgical intervention, which may lead to significant blood loss requiring transfusion. Hemoglobin and hematocrit (H/H) levels help assess the extent of blood loss and potential anemia. The prothrombin time (PT) and international normalized ratio (INR) serve to evaluate the coagulation status of the patient, which is particularly important if surgery is anticipated. An elevated white blood cell (WBC) count can indicate infection or inflammation, which is common in cases of perforation. Subsequently, serum lactate levels help assess tissue perfusion and can indicate septicaemia, also frequent in perforated viscus scenarios. Additionally, measuring lipase levels is important as it helps assess for pancreatitis, which can sometimes complicate or relate to gastrointestinal perforations. Liver function tests (LFTs) and basic metabolic panel (BMP) provide insights into the metabolic state and organ function, which can be affected during an acute illness like this. This selection

**8. During advanced cardiac life support (ACLS), when should the 'H's and T's' be considered?**

- A. In ventricular tachycardia
- B. In cardiac arrest scenarios**
- C. During chest pain evaluation
- D. During respiratory arrest scenarios

The 'H's and T's' are mnemonic devices used during advanced cardiac life support (ACLS) to identify and treat reversible causes of cardiac arrest. These include conditions such as hypovolemia, hypoxia, hydrogen ions (acidosis), hyper-/hypokalemia, and toxins, along with tension pneumothorax, cardiac tamponade, thrombosis (both pulmonary and coronary), and trauma. Considering that the primary goal during cardiac arrest scenarios is to identify and address any reversible causes that might contribute to the patient's condition, it is crucial to think about the 'H's and T's' at this time. This systematic approach ensures that any underlying issues are managed in conjunction with standard resuscitation efforts, ultimately improving the chance of a positive outcome. While ventricular tachycardia, chest pain evaluation, and respiratory arrest scenarios may involve critical care interventions, they do not directly prompt the use of the 'H's and T's' as an immediate part of the resuscitation protocol in the same way that cardiac arrest does. In cardiac arrest situations, focusing on both standard CPR and considering the 'H's and T's' is essential for effective management.

**9. What is the specific protocol for treating aspirin toxicity?**

**A. 150 mEq NaHCO<sub>3</sub> in 1L D5W, titrate to urine pH 7.5**

**B. Activated charcoal at any time after ingestion**

**C. IV fluids only until symptoms resolve**

**D. Digoxin and potassium supplement**

The treatment protocol for aspirin toxicity often involves alkalinizing the urine to enhance the elimination of salicylate. Administering sodium bicarbonate is a common and effective approach because it increases urine pH, promoting renal excretion of the drug. The objective is to titrate the sodium bicarbonate to achieve a urine pH of approximately 7.5, which optimally enhances salicylate clearance. While activated charcoal is an important part of managing acute poisoning, its administration must occur within a specific time frame after ingestion, generally within an hour, to be effective. Hence, it cannot be given at any time post-ingestion without considering the timing and clinical situation. Furthermore, IV fluids alone would not address the metabolic derangements caused by aspirin toxicity, which also includes respiratory alkalosis and metabolic acidosis. Lastly, digoxin and potassium supplements are not relevant for treating aspirin toxicity and do not contribute to the management of this condition. Thus, using sodium bicarbonate to titrate urine pH effectively helps manage aspirin toxicity, making it the correct protocol in this scenario.

**10. What is the recommended approach to manage an adrenaline-resistant severe asthma attack?**

**A. Increase oral steroid dosage**

**B. Administer additional anticholinergics**

**C. Utilize magnesium sulfate**

**D. Use ketamine for sedation**

In the management of an adrenaline-resistant severe asthma attack, utilizing magnesium sulfate is an important strategy. Magnesium sulfate acts as a bronchodilator, which can help relieve bronchospasm by relaxing the smooth muscles in the airways. Its mechanism is distinct from that of catecholamines like adrenaline, which might be insufficient in particular cases of severe asthma exacerbation. When conventional treatments, such as beta-agonists and corticosteroids, are not effectively managing the asthma attack, magnesium sulfate can provide an additional benefit. It enhances airway diameter and reduces airway inflammation, improving oxygenation. This is especially useful in life-threatening situations where rapid bronchodilation is necessary. While increasing oral steroid dosage may help in reducing inflammation over time, it does not provide immediate relief during an acute attack. Administering additional anticholinergics may offer some bronchodilation but is typically used as an adjunct to beta-agonists rather than as a standalone treatment in severe cases. Using ketamine for sedation could potentially compromise respiratory drive in a patient already struggling to breathe, and it does not directly address bronchospasm or airway inflammation. Thus, among the options presented, the use of magnesium sulfate stands out as the recommended approach for its immediate therapeutic effects in cases where conventional



## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://saemed.examzify.com>**

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