

SAEM EMERGENCY DEPARTMENT (ED) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 golden time period for testicular torsion intervention?**
 - A. 12 hours
 - B. 8 hours
 - C. 6 hours
 - D. 24 hours

- 2. What is the first step in the management of a patient with suspected sepsis?**
 - A. Administering intravenous fluids
 - B. Administering broad-spectrum antibiotics
 - C. Performing a thorough history and physical examination
 - D. Contacting a specialist

- 3. What is the best antidote for methanol poisoning?**
 - A. Activated charcoal
 - B. Fomepizole
 - C. N-acetylcysteine
 - D. Flumazenil

- 4. Which laboratory test is crucial for the diagnosis of myocardial infarction?**
 - A. Complete blood count
 - B. Cardiac troponins
 - C. B-type natriuretic peptide
 - D. Liver function tests

- 5. What percentage of the population does not have a cremasteric reflex?**
 - A. 10%
 - B. 20%
 - C. 30%
 - D. 40%

- 6. What is the most important initial step in managing a patient with a suspected drug overdose?**
- A. Administer activated charcoal
 - B. Securing the airway and ensuring ventilation
 - C. Contact poison control
 - D. Perform a drug screening test
- 7. What is the recommended treatment for spinal cord injury with neurogenic shock?**
- A. Immobilization, high dose steroids, IV fluids
 - B. Surgery to stabilize the spine
 - C. Immediate intubation and oxygen therapy
 - D. Physical therapy to regain function
- 8. What is the management for an ingested sharp object located in the duodenum?**
- A. Daily X-rays to monitor
 - B. Endoscopic removal due to risk of perforation
 - C. Observation until passage
 - D. Surgical removal
- 9. How many recurrences of C. difficile infection warrant a consultation with GI for fecal transplant?**
- A. 1 recurrence
 - B. 2 recurrences
 - C. 3 recurrences
 - D. 4 recurrences
- 10. What is the first-line treatment for uncomplicated cellulitis?**
- A. Augmentin 875/125
 - B. Vancomycin
 - C. Cefazolin
 - D. Clindamycin

Answers

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

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Explanations

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1. What is the golden time period for testicular torsion intervention?

- A. 12 hours
- B. 8 hours
- C. 6 hours**
- D. 24 hours

The critical time period for intervention in cases of testicular torsion is generally recognized as six hours. This timeframe is crucial because, after this period, the likelihood of testicular survival decreases significantly. If the torsion is not resolved within six hours, the risk of irreversible ischemic damage to the testicle rises sharply, and the likelihood of preserving the testicle diminishes markedly. Immediate surgical evaluation and intervention are essential to detangle the twisted spermatic cord and restore blood flow to the affected testicle, maximizing the chances of successful salvage. In contrast, timeframes longer than six hours, such as eight, twelve, or twenty-four hours, considerably increase the chances of complications and loss of the affected testis. Each additional hour beyond this critical six-hour mark increases the risk of necrosis, as the testicle becomes more deprived of oxygen and nutrients necessary for survival. Thus, understanding the urgency of prompt intervention in testicular torsion is vital for ensuring the best possible outcomes in emergency medical settings.

2. What is the first step in the management of a patient with suspected sepsis?

- A. Administering intravenous fluids
- B. Administering broad-spectrum antibiotics**
- C. Performing a thorough history and physical examination
- D. Contacting a specialist

The first step in the management of a patient with suspected sepsis involves administering broad-spectrum antibiotics. This is crucial because sepsis is a life-threatening condition that requires immediate intervention to combat high levels of infection and prevent progression to severe sepsis or septic shock. Starting antibiotics within the first hour of recognizing sepsis significantly improves patient outcomes, including reductions in mortality rates. In the context of sepsis, early identification and treatment are key. While intravenous fluids are also an important part of sepsis management to support blood pressure and organ perfusion, the priority is to control the underlying infection as quickly as possible. Furthermore, performing a thorough history and physical examination is important for diagnosis, but it should not delay the administration of antibiotics. Contacting a specialist can also play a role in sepsis management, especially in complex cases, but immediate antibiotic therapy is paramount. This timely intervention is supported by extensive clinical guidelines, emphasizing the urgency of addressing infection in sepsis cases.

3. What is the best antidote for methanol poisoning?

- A. Activated charcoal
- B. Fomepizole**
- C. N-acetylcysteine
- D. Flumazenil

Fomepizole is the best antidote for methanol poisoning because it acts as an alcohol dehydrogenase inhibitor. This enzyme is responsible for converting methanol into its toxic metabolites, namely formaldehyde and formic acid, which are primarily responsible for the harmful effects associated with methanol poisoning. By inhibiting this enzyme, fomepizole effectively reduces the formation of these harmful metabolites, thereby mitigating the toxicity of methanol. In cases of methanol poisoning, prompt administration of fomepizole can prevent severe metabolic acidosis, central nervous system depression, and potential organ damage, leading to better clinical outcomes for the patient. Other treatment approaches may still be relevant, such as supportive care and, in some situations, hemodialysis, but fomepizole remains the primary pharmacological intervention specifically designed to counteract the effects of methanol.

4. Which laboratory test is crucial for the diagnosis of myocardial infarction?

- A. Complete blood count
- B. Cardiac troponins**
- C. B-type natriuretic peptide
- D. Liver function tests

The laboratory test that is crucial for the diagnosis of myocardial infarction is cardiac troponins. Troponins are proteins found in cardiac muscle, and their presence in the bloodstream indicates damage to the heart. When a myocardial infarction occurs, heart muscle cells become injured and release troponins into the circulation. Sensitive and specific testing for cardiac troponins allows for the detection of myocardial injury or necrosis, making it a key marker in emergency medicine for diagnosing heart attacks. In contrast to this, complete blood count provides information about overall health and can help detect infections or blood disorders, but it is not specific for myocardial infarction. B-type natriuretic peptide (BNP) is primarily used in assessing heart failure rather than diagnosing myocardial infarction, and liver function tests are related to assessing liver health and function, which is not relevant to diagnosing a heart attack. Only cardiac troponins provide the critical information needed for identifying myocardial infarction effectively in a clinical setting.

5. What percentage of the population does not have a cremasteric reflex?

- A. 10%
- B. 20%
- C. 30%**
- D. 40%

The correct answer indicates that approximately 30% of the population does not have a cremasteric reflex, which is a reflex that causes the contraction of the cremaster muscle and elevates the testis in response to stimulation of the inner thigh. This reflex is innervated by the ilioinguinal nerve and can be assessed during physical examinations. The presence or absence of the cremasteric reflex can vary depending on factors such as age, neurological condition, and even individual anatomical variations. Research has shown that a percentage of individuals, particularly those with certain neurological conditions, may lack this reflex entirely. Understanding the statistics surrounding the cremasteric reflex can provide important context in clinical settings, especially in neurological examinations or assessments related to testicular health. The choice reflecting that 30% of the population does not exhibit this reflex aligns with what is known in medical literature, thus providing a basis for this statistic.

6. What is the most important initial step in managing a patient with a suspected drug overdose?

- A. Administer activated charcoal
- B. Securing the airway and ensuring ventilation**
- C. Contact poison control
- D. Perform a drug screening test

The most important initial step in managing a patient with a suspected drug overdose is securing the airway and ensuring ventilation. In cases of overdose, patients may have compromised airway function due to decreased consciousness, respiratory depression, or other alterations in their physiology. Ensuring that the patient has a patent airway and is adequately ventilating is critical to preventing hypoxia and further complications. Once airway management is addressed and the patient is stable, other interventions can be considered, such as administering activated charcoal to absorb the drug, contacting poison control for specific guidance regarding the overdose, or performing drug screening tests to confirm the substances involved. However, these subsequent steps cannot replace the immediate need for protecting the airway and maintaining adequate breathing, which is paramount in the emergency setting.

7. What is the recommended treatment for spinal cord injury with neurogenic shock?

- A. Immobilization, high dose steroids, IV fluids**
- B. Surgery to stabilize the spine
- C. Immediate intubation and oxygen therapy
- D. Physical therapy to regain function

The recommended treatment for spinal cord injury with neurogenic shock includes immobilization, high-dose steroids, and intravenous (IV) fluids. This approach is essential for a few key reasons. Immobilization is critical to prevent further injury to the spinal cord. It helps stabilize the spine and minimizes the risk of additional damage from movement. This is particularly important in cases where there is potential instability in the vertebrae due to the injury. High-dose steroids, such as methylprednisolone, have been shown to help decrease inflammation and secondary injury to the spinal cord. They can improve neurologic outcomes if administered within a specific time frame following the injury. IV fluids are necessary in the treatment of neurogenic shock, which is characterized by hypotension due to loss of sympathetic tone. Administering fluids helps maintain adequate intravascular volume and blood pressure, supporting perfusion to vital organs. While surgery to stabilize the spine may be appropriate in certain cases of spine fractures or instability, it is not the immediate treatment for neurogenic shock. Immediate intubation and oxygen therapy may be required if the patient shows signs of respiratory distress, but it does not address the underlying neurogenic shock directly. Physical therapy is crucial for rehabilitation, but it is not part of the

8. What is the management for an ingested sharp object located in the duodenum?

- A. Daily X-rays to monitor
- B. Endoscopic removal due to risk of perforation**
- C. Observation until passage
- D. Surgical removal

In instances where a sharp object is ingested and located in the duodenum, endoscopic removal is indicated due to the significant risk of perforation. The duodenum is a relatively small and sensitive segment of the gastrointestinal tract, and sharp objects, such as knives or broken glass, can pose a high risk of tearing through the intestinal wall, which can lead to serious complications like peritonitis or internal bleeding. Endoscopy allows for direct visualization and retrieval of the foreign object, making it a safe and effective option compared to other management approaches. Monitoring through daily X-rays may not provide the necessary intervention required to prevent complications, while observation until the object passes could lead to adverse outcomes due to the nature of the object. Surgical removal, although an option, is typically reserved for cases where endoscopic techniques fail or if there is clear evidence of perforation or significant obstruction. Thus, endoscopic removal is the best practice in managing sharp objects in the duodenum to mitigate risks effectively.

9. How many recurrences of C. difficile infection warrant a consultation with GI for fecal transplant?

- A. 1 recurrence
- B. 2 recurrences
- C. 3 recurrences**
- D. 4 recurrences

A consultation with a gastroenterologist (GI) for fecal microbiota transplantation is typically considered after a patient has experienced three or more recurrences of Clostridioides difficile infection (CDI). This is supported by guidelines which indicate that after multiple episodes of CDI, particularly when they result in significant morbidity or when conventional treatments fail, fecal transplant can be a viable option. The rationale behind this approach is that fecal transplantation can restore a healthier balance of gut microbiota and significantly reduce the risk of future CDI episodes in patients who have had recurrent infections. Consultation after fewer than three recurrences might not be warranted because the treatment for CDI often includes antibiotics, and recurrence is common, especially after just one or two episodes. Until the third recurrence, patients are typically managed with standard antibiotic therapies before escalating to more advanced interventions like fecal transplantation. Thus, the established threshold for considering this procedure is three or more recurrences, which reflects the consensus in the medical community regarding optimal management of recurrent CDI.

10. What is the first-line treatment for uncomplicated cellulitis?

A. Augmentin 875/125

B. Vancomycin

C. Cefazolin

D. Clindamycin

The first-line treatment for uncomplicated cellulitis is primarily focused on targeting the most common pathogens involved, which are typically Streptococcus and Staphylococcus aureus. Augmentin, which contains amoxicillin and clavulanate, is effective against these organisms, particularly in mild cases where outpatient treatment is appropriate. The amoxicillin component provides excellent coverage for Streptococcus, while the clavulanate helps combat beta-lactamase producing strains of Staphylococcus aureus, including some penicillin-resistant strains. For uncomplicated cellulitis, oral antibiotics like Augmentin are favored because they allow for effective treatment outside of a hospital setting, facilitating patient management while minimizing the risk of complications. It is important to remember that while other treatments may be effective, they often are reserved for specific cases or more complicated presentations. For instance, Vancomycin is typically used for more severe infections, particularly when methicillin-resistant Staphylococcus aureus (MRSA) is suspected, while Cefazolin is usually used in cases requiring intravenous administration but is not the first choice for uncomplicated cases. Clindamycin also covers Streptococcus and some strains of Staphylococcus but is not considered the first-line treatment due to the availability of agents like Augment

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:

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

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