

ScribeAmerica Emergency Department ED Practice Exam (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

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- 1. What is one characteristic of an adverse reaction to medication?**
 - A. Immediate relief from symptoms**
 - B. Non-specific symptoms**
 - C. Side effects that resolve without treatment**
 - D. An unintended response causing harm**

- 2. Which of the following is a common symptom that might suggest a GI bleed?**
 - A. Severe abdominal compartment syndrome**
 - B. Bright red blood in vomit**
 - C. High fever**
 - D. Flank pain**

- 3. A high level of D-dimer is commonly associated with which condition?**
 - A. Liver failure**
 - B. Cardiac failure**
 - C. Thromboembolic disorders**
 - D. Anemia**

- 4. What is the common term for gastric bypass surgery?**
 - A. Heart bypass**
 - B. Stomach stapling**
 - C. Partial colectomy**
 - D. Colostomy**

- 5. What term describes a medication-induced non-true allergy?**
 - A. Side effect**
 - B. Adverse reaction**
 - C. Intolerance**
 - D. Allergy**

- 6. What role does the unit secretary play in the emergency department?**
- A. Starting IVs**
 - B. Documenting patient visits**
 - C. Placing physician's orders**
 - D. Administering medications**
- 7. What is a common chief complaint associated with coronary artery disease?**
- A. Chest pain at rest**
 - B. Chest pressure worse with exertion**
 - C. Shortness of breath on exertion**
 - D. Heartburn after meals**
- 8. In addition to imaging studies, what clinical sign can indicate pyelonephritis?**
- A. Costovertebral angle tenderness**
 - B. Fever and chills**
 - C. Hematuria**
 - D. Abdominal distension**
- 9. When a patient mentions "mini stroke," what should be noted?**
- A. CVA**
 - B. Hemorrhagic CVA**
 - C. Transient Ischemic Attack (TIA)**
 - D. Peripheral vascular disease**
- 10. What element is NOT considered a risk factor for myocardial infarction?**
- A. Hypertension**
 - B. A family history before age 55**
 - C. Regular exercise**
 - D. Smoking**

Answers

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

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Explanations

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1. What is one characteristic of an adverse reaction to medication?

- A. Immediate relief from symptoms**
- B. Non-specific symptoms**
- C. Side effects that resolve without treatment**
- D. An unintended response causing harm**

An adverse reaction to medication is specifically defined as an unintended response that results in harm or injury to the patient. This characteristic distinguishes adverse reactions from typical side effects, which may not necessarily be harmful. Adverse reactions can manifest in various ways, such as allergic reactions, organ damage, or exacerbation of pre-existing conditions. Recognizing this characteristic is crucial for healthcare providers to ensure patient safety, monitor medication effects closely, and make necessary adjustments in treatment. While immediate relief from symptoms and side effects that resolve without treatment can occur in certain contexts, they do not reflect the nature of adverse reactions. Non-specific symptoms may present in a range of conditions and do not specifically indicate an adverse drug reaction. Understanding these nuances helps in differentiating between expected effects of medications and potential harmful reactions that need to be addressed promptly.

2. Which of the following is a common symptom that might suggest a GI bleed?

- A. Severe abdominal compartment syndrome**
- B. Bright red blood in vomit**
- C. High fever**
- D. Flank pain**

Bright red blood in vomit, also known as hematemesis, is a significant symptom that can indicate a gastrointestinal (GI) bleed. When blood appears in vomit, it suggests that there is active bleeding in the upper gastrointestinal tract, which can include the esophagus, stomach, or the first part of the small intestine. The bright red color of the blood indicates that it is fresh and has not had time to be digested, further supporting the likelihood of an acute bleed. While other symptoms may suggest various conditions, they are not as directly indicative of a GI bleed. For instance, severe abdominal compartment syndrome is a critical condition that involves high intra-abdominal pressure and generally does not present with hematemesis as a primary symptom. High fever typically indicates an infectious process rather than a bleeding one, and flank pain is often associated with renal issues or urinary tract problems rather than GI bleeding. Thus, bright red blood in vomit stands out as a key indicator of potential GI bleeding.

3. A high level of D-dimer is commonly associated with which condition?

- A. Liver failure**
- B. Cardiac failure**
- C. Thromboembolic disorders**
- D. Anemia**

A high level of D-dimer is commonly associated with thromboembolic disorders because D-dimer is a fibrin degradation product that is elevated when there is increased clot formation and breakdown in the body. Thromboembolic disorders, such as deep vein thrombosis (DVT) and pulmonary embolism (PE), involve the formation of clots that can lead to increased levels of D-dimer due to the subsequent breakdown of the fibrin in those clots. D-dimer tests are often used in the diagnostic workup for these conditions, helping to rule out or confirm the presence of significant clot formation. Elevated D-dimer levels indicate a higher likelihood of these thromboembolic events, which is why this option is the most accurate in relation to the question posed. Other conditions like liver failure, cardiac failure, and anemia typically do not lead to the same elevations in D-dimer levels as seen in thromboembolic disorders. While there may be instances where these conditions affect D-dimer levels, they are not as directly linked as thromboembolic disorders are.

4. What is the common term for gastric bypass surgery?

- A. Heart bypass**
- B. Stomach stapling**
- C. Partial colectomy**
- D. Colostomy**

The common term for gastric bypass surgery is stomach stapling. This procedure involves creating a small pouch from the stomach and connecting it directly to the small intestine, which effectively bypasses a large portion of the stomach and the first part of the small intestine. This approach aids in weight loss by limiting the amount of food that can be consumed and reducing the body's ability to absorb calories. The term "stomach stapling" often refers to this restrictive aspect of the surgery, where staples are used to secure the newly created pouch. Understanding the context of this terminology is essential, especially in discussions around obesity treatment and weight loss surgeries. Knowledge of such terms enhances communication within the healthcare setting, allowing for clearer discussions regarding patient care options and surgical procedures.

5. What term describes a medication-induced non-true allergy?

- A. Side effect
- B. Adverse reaction**
- C. Intolerance
- D. Allergy

The term that best describes a medication-induced non-true allergy is "adverse reaction." An adverse reaction encompasses a wide range of responses to a medication that are not necessarily related to the body's immune response, which is what characterizes a true allergy. Instead, an adverse reaction can include side effects, unexpected effects, or other harmful outcomes that may occur due to a medication. Understanding the distinction is important in clinical practice. While allergies involve an immunological response, leading to symptoms such as anaphylaxis or urticaria, adverse reactions can manifest as various medical issues, such as nausea or dizziness, which do not involve the immune system. Recognizing these differences helps in the accurate documentation of patient responses to medications and supports safer prescribing practices.

6. What role does the unit secretary play in the emergency department?

- A. Starting IVs
- B. Documenting patient visits
- C. Placing physician's orders**
- D. Administering medications

The unit secretary in the emergency department plays a vital role in the administrative and organizational aspects of patient care. Their responsibilities often include coordinating patient flow, ensuring that the necessary paperwork is completed, and managing communication between various healthcare providers. While they do not perform clinical tasks such as starting IVs, documenting patient visits, or administering medications, their position is crucial for placing physician's orders. Placing physician's orders refers to the administrative procedure where the unit secretary inputs or relays the orders given by the physician into the electronic record or communicates them to specific departments for action. This facilitates efficient patient care by ensuring that the treatment process is streamlined and that all necessary orders are accurately conveyed and processed. Understanding the scope of the unit secretary's role highlights the importance of administrative duties in supporting clinical staff and optimizing patient management in a busy emergency department environment.

7. What is a common chief complaint associated with coronary artery disease?

- A. Chest pain at rest**
- B. Chest pressure worse with exertion**
- C. Shortness of breath on exertion**
- D. Heartburn after meals**

Chest pressure that worsens with exertion is a classic chief complaint associated with coronary artery disease (CAD). This condition stems from the narrowing or blockage of the coronary arteries due to atherosclerosis, which can significantly limit blood flow to the heart during physical activity. As the heart demands more oxygen during exertion, patients often experience angina, which manifests as chest pressure or discomfort. This symptom is a key indicator that the heart is not receiving adequate blood supply, leading to a sense of tightness, squeezing, or dull pain in the chest. While chest pain at rest can occur, it is often associated with more severe forms of ischemic heart disease and may indicate unstable angina. Shortness of breath on exertion may indicate heart failure or other cardiac issues but is less specific to CAD alone. Heartburn after meals can sometimes mimic cardiac symptoms but is more aligned with gastrointestinal issues rather than a direct consequence of coronary artery disease. Thus, chest pressure worsening with exertion is the most direct and representative of the typical anginal symptoms associated with CAD.

8. In addition to imaging studies, what clinical sign can indicate pyelonephritis?

- A. Costovertebral angle tenderness**
- B. Fever and chills**
- C. Hematuria**
- D. Abdominal distension**

Costovertebral angle tenderness is a significant clinical sign that can indicate pyelonephritis. This tenderness is assessed by gently tapping on the area of the lower back near the spine, which corresponds to the location of the kidneys. When this area is tender, it suggests inflammation of the kidneys, which is characteristic of pyelonephritis. The presence of fever and chills can also be associated with pyelonephritis, indicating a systemic response to infection, but it is not as specific for kidney involvement as costovertebral angle tenderness. Hematuria, or blood in the urine, can occur in urinary tract infections and other renal issues, but it is not a definitive sign of pyelonephritis. Abdominal distension is more related to gastrointestinal conditions and is not a typical sign of kidney inflammation. Thus, costovertebral angle tenderness stands out as the key clinical indicator of pyelonephritis.

9. When a patient mentions "mini stroke," what should be noted?

- A. CVA**
- B. Hemorrhagic CVA**
- C. Transient Ischemic Attack (TIA)**
- D. Peripheral vascular disease**

When a patient refers to a "mini stroke," it typically indicates they are describing a Transient Ischemic Attack (TIA). A TIA is characterized by temporary episodes of neurological dysfunction caused by a brief interruption in blood supply to the brain. Unlike a complete stroke, symptoms of a TIA resolve on their own within a short period, typically within 24 hours, often causing no permanent damage. Patients might use the term "mini stroke" to express concern over temporary weakness, numbness, or speech difficulties they've experienced, which could be warning signs of a potential future stroke. Recognizing it as a TIA is crucial because it serves as an important alert for the need for immediate medical assessment and possible intervention to prevent a full-blown stroke. In contrast, the other options relate to different conditions. A CVA refers to a cerebrovascular accident, which includes both ischemic and hemorrhagic strokes, while a hemorrhagic CVA specifically pertains to bleeding in the brain. Peripheral vascular disease relates to narrowed blood vessels affecting blood flow, primarily in the limbs, and does not directly relate to the neurological symptoms associated with a mini stroke. Understanding these distinctions is essential for proper assessment and management in the emergency department setting.

10. What element is NOT considered a risk factor for myocardial infarction?

- A. Hypertension**
- B. A family history before age 55**
- C. Regular exercise**
- D. Smoking**

Regular exercise is considered a protective factor against myocardial infarction rather than a risk factor. Engaging in regular physical activity has been shown to improve cardiovascular health, help maintain healthy weight, lower blood pressure, and improve cholesterol levels. These benefits collectively contribute to a reduced risk of developing heart disease, including myocardial infarction. In contrast, hypertension, a family history of heart disease, and smoking are well-documented risk factors that can significantly increase the likelihood of a myocardial infarction. High blood pressure can lead to damage of the arteries, while a family history indicates a genetic predisposition to cardiovascular issues. Smoking, on the other hand, causes direct harm to the heart and blood vessels, increasing the risk substantially. Regular exercise stands apart from these factors as it actively contributes to heart health, highlighting its role as a protective element rather than a risk.

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://scribeamericaemergencydept.examzify.com>

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

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