

STEP 3 UWSA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. For latent TB infection, isoniazid is given for how long?**
 - A. 3 months
 - B. 6 months
 - C. 9 months
 - D. 6-9 months

- 2. An otherwise healthy 6-month-old infant presents with fever and irritability and a red bulging tympanic membrane. What is the first-line antibiotic for acute otitis media?**
 - A. Amoxicillin
 - B. Amoxicillin-clavulanate
 - C. Cefdinir
 - D. Azithromycin

- 3. Target cells are pathognomonic for which microcytic anemia?**
 - A. Iron deficiency anemia
 - B. Sideroblastic anemia
 - C. Anemia of chronic disease
 - D. Thalassemias

- 4. Elevated aPTT is typically seen in which disorders?**
 - A. Hemophilia A/B and Von Willebrand disease
 - B. Platelet deficiency
 - C. Vitamin K deficiency
 - D. Dehydration

- 5. For prevention of diabetic foot ulcers, which strategy is emphasized?**
 - A. Lipid control
 - B. Tight glycemic control
 - C. Exercise only
 - D. Blood pressure control only

- 6. Which statement about ferritin in iron deficiency anemia is true?**
- A. Ferritin is elevated
 - B. Ferritin is decreased
 - C. Ferritin is unchanged
 - D. Ferritin fluctuates with meals
- 7. A patient suspected of having obstructive sleep apnea in primary care. What screening tool and next steps?**
- A. Do polysomnography for all
 - B. Measure BMI only
 - C. Screen with STOP-BANG; refer for sleep study and discuss CPAP therapy if indicated.
 - D. Screen with STOP-BANG and do imaging
- 8. A patient with acute decompensated heart failure presents with pulmonary edema and hypotension. What is the initial management?**
- A. Oxygen, IV diuretics, and cautious vasopressor support if hypotensive; treat underlying cause; monitor
 - B. High-dose IV fluids
 - C. Immediate intubation without diuretics
 - D. Initiate long-term beta-blocker therapy
- 9. Which supplement is associated with a false-positive fecal occult blood test?**
- A. Vitamin C
 - B. Vitamin B12
 - C. Vitamin D
 - D. Vitamin K
- 10. Which condition is typically associated with elevated urine chloride due to diuretic use?**
- A. Low
 - B. Normal
 - C. High
 - D. Variable

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. For latent TB infection, isoniazid is given for how long?

- A. 3 months
- B. 6 months
- C. 9 months
- D. 6-9 months**

Durations for latent TB infection therapy with isoniazid are typically six to nine months. This reflects two commonly used regimens: a six-month course and a nine-month course. The six-month option is shorter and can improve adherence, while the nine-month course offers slightly greater protection against progression to active TB, though with a higher risk of nonadherence and potential hepatotoxicity. Therefore, the accepted answer is the range that includes both standard durations. Shorter than six months is generally not used, and a single fixed duration of nine months is not the only accepted option.

2. An otherwise healthy 6-month-old infant presents with fever and irritability and a red bulging tympanic membrane. What is the first-line antibiotic for acute otitis media?

- A. Amoxicillin**
- B. Amoxicillin-clavulanate
- C. Cefdinir
- D. Azithromycin

*High-dose amoxicillin is the first-line therapy for uncomplicated acute otitis media in a healthy infant over 6 months. It provides robust activity against the most common middle-ear pathogens, especially *Streptococcus pneumoniae*, and the high dose increases the likelihood of curing infections caused by penicillin-nonsusceptible strains. Amoxicillin has excellent oral bioavailability and achieves good, sustained levels in the middle ear, while remaining narrower in spectrum than broader agents, which helps minimize collateral effects and resistance. Broader options like amoxicillin-clavulanate are reserved for suspected beta-lactamase-producing organisms, recent antibiotic use, or treatment failure; alternatives such as cefdinir or azithromycin are less favorable as first-line due to lower efficacy or higher resistance in this age group. Typical regimen is high-dose amoxicillin for about 5–7 days.*

3. Target cells are pathognomonic for which microcytic anemia?

- A. Iron deficiency anemia
- B. Sideroblastic anemia
- C. Anemia of chronic disease
- D. Thalassemias**

Target cells, or codocytes, arise when red blood cells have more membrane surface relative to hemoglobin content, giving a bullseye appearance on the smear. In thalassemias, there is an imbalance in globin chain synthesis that reduces hemoglobin within the cell while the membrane remains relatively abundant, producing these membrane-rich, flattened cells. This microcytic anemia context is where target cells are most characteristically associated, making thalassemias the best fit. While target cells can appear with other conditions such as liver disease or HbC disease, their presence alongside microcytosis most strongly points to thalassemias.

4. Elevated aPTT is typically seen in which disorders?

A. Hemophilia A/B and Von Willebrand disease

B. Platelet deficiency

C. Vitamin K deficiency

D. Dehydration

Elevated aPTT points to problems in the intrinsic coagulation pathway, which includes factors VIII, IX, XI, and XII and the common pathway. In hemophilia A (factor VIII deficiency) and hemophilia B (factor IX deficiency), the intrinsic pathway is impaired, leading to a prolonged aPTT. Von Willebrand disease can also prolong the aPTT in some cases because von Willebrand factor stabilizes factor VIII; when VWF is deficient, factor VIII levels can drop, making the aPTT longer, especially in more severe disease. By contrast, platelet deficiency mainly affects bleeding time rather than the coagulation cascade measured by aPTT. Vitamin K deficiency primarily impairs the extrinsic pathway (shortened or prolonged PT/INR), with aPTT only affected in more severe cases, and dehydration does not directly prolong coagulation times.

5. For prevention of diabetic foot ulcers, which strategy is emphasized?

A. Lipid control

B. Tight glycemic control

C. Exercise only

D. Blood pressure control only

Tight glycemic control is the most emphasized strategy for preventing diabetic foot ulcers because chronic high blood glucose drives neuropathy and impairs wound healing, which are the primary pathways leading to ulcers. When glucose is well controlled, neuropathy progresses more slowly, protective sensation in the feet is better preserved, and immune function plus tissue repair improve, all of which reduce the risk of developing ulcers. Other factors like exercise, lipid management, and blood pressure control support overall cardiovascular and vascular health and can aid foot health, but they do not have as direct an impact on ulcer prevention as maintaining near-normal glucose levels. Regular foot care and proper footwear remain important adjuncts, but the key preventive impact comes from tight glycemic control.

6. Which statement about ferritin in iron deficiency anemia is true?

A. Ferritin is elevated

B. Ferritin is decreased

C. Ferritin is unchanged

D. Ferritin fluctuates with meals

Ferritin reflects stored iron in the body. In iron deficiency, these stores are depleted, so ferritin levels fall. This makes a decreased ferritin level the most reliable indicator of iron deficiency, often appearing before drops in hemoglobin. Keep in mind ferritin can be normal or high if inflammation or infection is present, since it acts as an acute-phase reactant; however, without inflammatory conditions, iron deficiency typically shows a low ferritin. The statements suggesting ferritin is elevated, unchanged, or fluctuates with meals do not fit the pattern of iron deficiency without inflammatory influence.

7. A patient suspected of having obstructive sleep apnea in primary care. What screening tool and next steps?

- A. Do polysomnography for all
- B. Measure BMI only
- C. Screen with STOP-BANG; refer for sleep study and discuss CPAP therapy if indicated.**
- D. Screen with STOP-BANG and do imaging

Screening for obstructive sleep apnea in primary care uses a quick, evidence-based tool because it helps identify who needs formal testing without overdiagnosing or missing cases. STOP-BANG is popular here because it has high sensitivity and is easy to administer. It asks about Snoring, Tiredness, Observed apnea, high Blood pressure, BMI, Age, Neck circumference, and Gender. A higher score means you're more likely to have OSA, so you move from screening to diagnostic testing rather than jumping to treatment. The best next step is to refer the patient for a diagnostic sleep study to confirm the diagnosis and determine severity. This can be in-lab polysomnography or home sleep apnea testing depending on the patient's risk, comorbidities, and access. If the study confirms obstructive sleep apnea, discuss CPAP therapy as first-line treatment for most symptomatic patients or those with moderate-to-severe disease, along with other management options as appropriate. Imaging isn't part of initial evaluation, and BMI by itself isn't sufficient to diagnose OSA.

8. A patient with acute decompensated heart failure presents with pulmonary edema and hypotension. What is the initial management?

- A. Oxygen, IV diuretics, and cautious vasopressor support if hypotensive; treat underlying cause; monitor**
- B. High-dose IV fluids
- C. Immediate intubation without diuretics
- D. Initiate long-term beta-blocker therapy

The main idea is to stabilize perfusion while quickly relieving pulmonary congestion. Start with supplemental oxygen to improve hypoxemia from edema. Give an IV loop diuretic to rapidly unload the congested ventricle and reduce preload, which typically eases pulmonary edema and dyspnea. If blood pressure is low, add cautious vasopressor support to maintain adequate mean arterial pressure and organ perfusion. Treat the underlying cause (for example, acute myocardial infarction, arrhythmia, or valvular issue) and monitor closely with frequent vital signs, urine output, and oxygenation. Avoid flooding the circulation with IV fluids, as that would worsen edema. Immediate intubation is not the first step unless there is impending respiratory failure after stabilization; and initiating long-term beta-blocker therapy isn't appropriate during an acute decompensation—those meds are generally started or resumed after stabilization, not as initial management.

9. Which supplement is associated with a false-positive fecal occult blood test?

- A. Vitamin C**
- B. Vitamin B12
- C. Vitamin D
- D. Vitamin K

The test detects hidden blood by a peroxidase reaction: heme in blood helps oxidize guaiac, turning the substrate blue. Vitamin C, a strong antioxidant, can interrupt this oxidation. In high doses it scavenges the reactive species needed for the blue color, so even when blood is present you may not see the color change — a false-negative result. It is not known for causing false-positive results; substances that can lead to false positives are typically peroxidase-containing foods (like horseradish or certain vegetables) or recent red meat, not vitamins. So the idea to associate a supplement with a false-positive isn't supported by how the guaiac-based FOBT works; vitamin C more commonly causes false negatives.

10. Which condition is typically associated with elevated urine chloride due to diuretic use?

- A. Low
- B. Normal
- C. High**
- D. Variable

When diuretics are in play, the kidneys excrete more chloride. Diuretics block NaCl reabsorption in parts of the nephron, increasing chloride delivery to the distal tubule and promoting chloride loss in the urine. In metabolic alkalosis, a high urine chloride points to diuretic use (as opposed to chloride depletion from vomiting, which typically gives a low urine chloride). So elevated urine chloride is a hallmark of diuretic-induced changes. Timing matters: recent diuretic dosing usually yields a clearly high urine chloride.

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://step3uwsa.examzify.com>

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

SAMPLE