

SWIFT RIVER ER PRACTICE EXAM (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. How did Paul Taylor present in the emergency room after being hit with hot oil?**
 - A. Complaining of dizziness
 - B. Holding a towel over his face
 - C. Exhibiting signs of severe burns
 - D. In extreme pain but with intact vision
- 2. What does the term "code blue" typically signify in a hospital?**
 - A. A patient requiring elective surgery
 - B. A patient requiring immediate resuscitation efforts
 - C. A patient with a scheduled medication administration
 - D. A patient requiring transfer to a different unit
- 3. What is the condition reported by Joe Jefferson, a 22-year-old male?**
 - A. Spider bite with redness
 - B. Severe abdominal pain
 - C. Head injury
 - D. Back pain
- 4. What activity was George Richardson engaged in prior to the EMS call?**
 - A. Skiing
 - B. Worked
 - C. Walked
 - D. Rested
- 5. What are common causes of acute confusion in elderly patients?**
 - A. Sleep apnea and stress
 - B. Infection, dehydration, or metabolic disturbances
 - C. Neurological disorders and traumatic injuries
 - D. Medication side effects and environmental changes
- 6. What symptoms is Kathy Adams, a 32-year-old female, presenting with?**
 - A. Severe headache, dizziness, and fever
 - B. Severe back pain, vomiting, painful urination, and high temperature
 - C. Chest pain and shortness of breath
 - D. Abdominal pain with diarrhea

- 7. What is the acuity level for a 13-year-old female with bruising and laceration on the forehead after a fall from a height of 8 feet?**
- A. Acuity 1
 - B. Acuity 2
 - C. Acuity 3
 - D. Acuity 4
- 8. What is the respiratory status of Lorenzo Delgado upon assessment?**
- A. Stable
 - B. Hypoventilating
 - C. Increased respiratory rate
 - D. Apnea
- 9. What should the nurse assess first in a patient with suspected septic shock?**
- A. Neurological status
 - B. Vital signs and perfusion status
 - C. History of allergies
 - D. Past medical history
- 10. What is the condition of Henry Hill, an elderly patient?**
- A. Hip fracture
 - B. Diabetic complications
 - C. Severe headache
 - D. Suicidal ideations

Answers

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

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Explanations

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1. How did Paul Taylor present in the emergency room after being hit with hot oil?

- A. Complaining of dizziness
- B. Holding a towel over his face**
- C. Exhibiting signs of severe burns
- D. In extreme pain but with intact vision

The correct answer highlights that Paul Taylor was presenting with a towel over his face, which indicates the specific action he took in response to the situation he found himself in after being hit with hot oil. This behavior may suggest he was trying to protect his facial area, perhaps due to pain or discomfort resulting from the injury. Using a towel could also imply that he was experiencing some sort of immediate physical issue, such as burns or splatters, which necessitated covering his face to manage the situation or alleviate discomfort. In a scenario like this, where an individual has been exposed to a hazardous substance like hot oil, it is common for patients to instinctively shield the affected area while they await medical evaluation. This response provides valuable context to healthcare professionals when assessing the extent of injury and determining urgent care or treatment measures needed for the patient.

2. What does the term "code blue" typically signify in a hospital?

- A. A patient requiring elective surgery
- B. A patient requiring immediate resuscitation efforts**
- C. A patient with a scheduled medication administration
- D. A patient requiring transfer to a different unit

The term "code blue" is specifically used in hospitals to indicate a medical emergency, particularly a situation where a patient requires immediate resuscitation efforts, such as in cases of cardiac arrest or respiratory failure. When "code blue" is called, it alerts the healthcare team that urgent medical intervention is needed to save the patient's life. This term is widely recognized in healthcare settings and is crucial for ensuring that the appropriate response team, typically including doctors and nurses trained in advanced life support, can act swiftly to provide necessary care. In contrast, the other choices refer to various non-emergency situations. Elective surgery is scheduled in advance and does not require the immediate response that a "code blue" indicates. Scheduled medication administration involves routine patient care, not an urgent crisis. Similarly, a transfer to a different unit may be planned and does not represent an immediate life-threatening scenario that would warrant a "code blue." Thus, the definition of "code blue" as an indication of immediate resuscitation needs is clear and aligns with the hospital protocols for emergency situations.

3. What is the condition reported by Joe Jefferson, a 22-year-old male?

- A. Spider bite with redness**
- B. Severe abdominal pain
- C. Head injury
- D. Back pain

The condition reported by Joe Jefferson, a 22-year-old male, involves a spider bite featuring redness. This choice indicates that he is experiencing a localized reaction, which is common with spider bites as they can elicit symptoms such as inflammation, redness, and potentially swelling at the site of the bite. A spider bite may also raise concerns for complications like infection or an allergic reaction, which could lead to further symptoms if not managed. In a clinical context, the visual signs of redness are important as they indicate the body's inflammatory response, which is critical to assessing the severity of the bite. While severe abdominal pain, head injury, and back pain could be significant medical issues with potential urgent implications, the indication of a spider bite with redness suggests a condition that may primarily require local treatment and monitoring, differentiating it from the potentially life-threatening situations associated with the other symptoms listed.

4. What activity was George Richardson engaged in prior to the EMS call?

- A. Skiing
- B. Worked
- C. Walked**
- D. Rested

The context of the scenario likely indicates that George Richardson was engaged in walking right before the EMS call. Walking is often associated with active movement and can lead to various situations requiring medical assistance, such as falls or collapses due to exhaustion or health issues. Being engaged in walking also suggests a level of physical activity that can be linked to potential emergencies, particularly if the individual experiences a sudden onset of a medical condition while in motion. Furthermore, the choice of walking aligns with common situations encountered in EMS scenarios, where individuals may have been engaging in light exercise when an incident occurs. In contrast, skiing, working, or resting would imply different degrees of physical exertion or circumstances that may not align with typical emergencies requiring EMS intervention. For example, while skiing involves physical activity, it often occurs in a specific setting and may not be as relatable for a sudden medical event as walking could be in a standard urban or suburban context.

5. What are common causes of acute confusion in elderly patients?

- A. Sleep apnea and stress
- B. Infection, dehydration, or metabolic disturbances**
- C. Neurological disorders and traumatic injuries
- D. Medication side effects and environmental changes

Acute confusion in elderly patients, often referred to as delirium, can arise from a variety of physiological and psychological factors. The chosen answer highlights infection, dehydration, and metabolic disturbances as common causes, all of which are particularly pertinent to the elderly population. Infections, such as urinary tract infections or pneumonia, are prevalent in older individuals and can lead to sudden changes in cognitive function. Dehydration is another critical factor because the elderly are often at higher risk due to factors like less thirst perception or mobility issues that prevent them from getting enough fluids. Additionally, metabolic disturbances, including electrolyte imbalances or changes in blood sugar levels, can also contribute to acute confusion. In considering the other response options, while they touch on relevant areas, they either lack the same degree of direct impact on acute confusion or represent factors that usually cause more chronic conditions rather than sudden cognitive changes. Sleep apnea and stress, for example, can lead to cognitive issues, but they are not as immediate in their effect as infections or metabolic imbalances. Neurological disorders and traumatic injuries, while significant causes of confusion, typically lead to more chronic states rather than acute changes, and medication side effects combined with environmental changes can contribute but are not as universally impactful in the same context.

6. What symptoms is Kathy Adams, a 32-year-old female, presenting with?

- A. Severe headache, dizziness, and fever
- B. Severe back pain, vomiting, painful urination, and high temperature**
- C. Chest pain and shortness of breath
- D. Abdominal pain with diarrhea

The choice of symptoms presented by Kathy Adams includes severe back pain, vomiting, painful urination, and high temperature, which suggest a serious medical condition that typically involves the urinary tract. These symptoms are indicative of a potential urinary tract infection (UTI) that has escalated, possibly leading to pyelonephritis, or a kidney infection, which would explain the presence of fever and back pain. Severe back pain often arises from kidney issues, vomiting can be a response to pain or related systemic infection, and painful urination indicates involvement of the urinary system. The combination of these symptoms aligns with the characteristic presentation of an advanced urinary tract infection, making this choice the most fitting option in the context of her presentation. In contrast, the other symptom sets do not correlate closely with a common or acute condition that would encompass all four symptoms together. For instance, while severe headache, dizziness, and fever may suggest a neurological issue, they do not encompass the same specific system involvement as option B. Similarly, chest pain and shortness of breath point towards cardiovascular or respiratory conditions, but lack the abdominal or genitourinary symptoms noted in the correct answer. Lastly, abdominal pain with diarrhea typically suggests gastrointestinal disturbances that do not align with Kathy's

7. What is the acuity level for a 13-year-old female with bruising and laceration on the forehead after a fall from a height of 8 feet?

- A. Acuity 1
- B. Acuity 2
- C. Acuity 3**
- D. Acuity 4

The acuity level for a 13-year-old female with bruising and a laceration on the forehead after a fall from a height of 8 feet would be categorized as Acuity 3. In the emergency department setting, acuity levels help to prioritize patient treatment based on the severity of their condition. Acuity 3 typically indicates that the patient's condition is urgent but not immediately life-threatening. In this case, the patient has sustained a fall from a significant height, which raises concerns for potential head injury or other complications related to the trauma. Although the bruising and laceration may not initially appear life-threatening, they still warrant careful evaluation to rule out any serious underlying issues, such as a concussion or skull fracture, especially considering the mechanism of injury. The other acuity levels would either represent more critical situations, where immediate intervention is needed, or less urgent scenarios where the patient can safely wait longer for care. Therefore, Acuity 3 appropriately reflects the need for prompt evaluation and management while still recognizing that the patient's condition is stable enough not to require immediate resuscitation or intervention.

8. What is the respiratory status of Lorenzo Delgado upon assessment?

- A. Stable
- B. Hypoventilating
- C. Increased respiratory rate**
- D. Apnea

When assessing the respiratory status of a patient, an increased respiratory rate can indicate a range of underlying conditions, typically including anxiety, pain, or the body's response to insufficient oxygen levels. In Lorenzo Delgado's case, a classification of increased respiratory rate suggests that he is exhibiting a response to some form of distress or an underlying condition requiring additional oxygenation. In typical clinical practice, a normal respiratory rate is generally considered to be between 12-20 breaths per minute. A rate above this range indicates that the patient is likely compensating for some physiological issue. This is significant because it can guide healthcare professionals in considering further interventions, such as supplemental oxygen or additional assessments to determine the root cause. In contrast, conditions like hypoventilation would suggest a slow and inadequate respiratory rate, while apnea indicates that there is no breathing at all. Stability denotes a normal range of functioning, which is not represented in this case given the indication of an increased respiratory rate. Therefore, the determination of Lorenzo's respiratory status as increased respiratory rate plays a critical role in understanding his overall health and directing subsequent care.

9. What should the nurse assess first in a patient with suspected septic shock?

- A. Neurological status
- B. Vital signs and perfusion status**
- C. History of allergies
- D. Past medical history

In patients with suspected septic shock, assessing vital signs and perfusion status is crucial as it provides immediate insights into the patient's hemodynamic stability. Septic shock is characterized by persistent hypotension and signs of inadequate tissue perfusion due to systemic infection. Monitoring vital signs, including blood pressure, heart rate, respiratory rate, and temperature, helps to evaluate the severity of shock and the body's response to the infection. Additionally, assessing perfusion status through indicators such as skin temperature, capillary refill time, and urine output helps determine how well the body's organs are being supplied with blood and oxygen. While neurological status is important to assess in the overall evaluation of a patient, it comes after establishing vital signs and the current hemodynamic state of the patient, as these can directly impact the neurological function. Similarly, a patient's history of allergies or past medical history, while significant for tailoring treatment, are not immediate priorities in the acute setting of suspected septic shock. The primary focus during a suspected emergency such as this is to stabilize the patient's vital signs and ensure adequate perfusion.

10. What is the condition of Henry Hill, an elderly patient?

- A. Hip fracture**
- B. Diabetic complications**
- C. Severe headache**
- D. Suicidal ideations**

The correct answer highlights that Henry Hill has a hip fracture, which is a common injury in elderly patients, often due to falls or weakened bones from osteoporosis. A hip fracture can significantly impact mobility and overall health, requiring immediate assessment and often surgical intervention. In elderly individuals, such injuries can lead to serious complications, including prolonged hospitalization, increased risk of mortality, and a decline in independence. Recognizing the signs and symptoms of a hip fracture, such as pain in the hip or groin and inability to put weight on the leg, is essential for timely and effective treatment. Other conditions listed, while they can be serious, are less directly tied to the typical clinical picture presented in an emergency setting for an elderly patient. For instance, diabetic complications may manifest in various forms, but they do not specifically indicate a current emergency as a hip fracture would. Similarly, while severe headaches and suicidal ideations are critical concerns, they do not address the prevalent issue of mobility and the risk of complications from falls in the elderly population. Hence, the focus on hip fractures in this context accurately reflects a common and urgent medical condition affecting older adults.

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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