HIPPO URGENT CARE BOOTCAMP PRACTICE TEST (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.

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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!

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Questions

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1. What are core antibiotic stewardship principles relevant to urgent care?

A. Use broad-spectrum agents for most infections; avoid testing.

B. Use narrow-spectrum agents when possible; avoid antibiotics for likely viral infections; tailor duration and route; avoid unnecessary broad-spectrum drugs; use culture/sensitivity when available; educate patients about expectations.

C. Avoid cultures or sensitivities.

D. Always prescribe antibiotics for viral infections.

2. Which pathophysiology best explains the patient's dyspnea after a long flight and a negative stress test?

A. Arterial thrombosis

B. Venous thrombosis in calf vein that travelled to the lungs

C. Bacterial pneumonia

D. Air embolism

3. Which conditions are included in the differential diagnosis for acute chest pain in urgent care?

A. GERD, gastritis, musculoskeletal pain

B. Anxiety and stress alone

C. Acute coronary syndrome; pulmonary embolism; pneumothorax; aortic dissection; esophageal rupture

D. Peptic ulcer disease only

4. Which emergency contraception option is effective up to 120 hours after intercourse?

A. Levonorgestrel within 72 hours

B. Ulipristal acetate within 120 hours

C. Copper IUD within 5-7 days

D. All methods have equal effectiveness regardless of BMI

5. A 3-year-old with diarrhea, nausea, and vomiting for the past two days. After ondansetron is given, which is the most important aftercare instruction at discharge?

A. Start intravenous fluids

B. Stop fluids until vomiting subsides

C. Begin oral rehydration with small volumes of electrolyte solution

D. Return if vomiting recurs soon

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6. Which patient with community-acquired pneumonia is most likely to require hospitalization based on CURB-65 criteria?

A. 84-year-old man with pneumonia; temperature 37.9°C; pulse 92/min; respirations 28/min; blood pressure 110/58 mmHg; oxygen saturation 92% on room air.

B. 60-year-old woman with shortness of breath for 6 hours; temperature 37.0°C; pulse 104/min; respirations 18/min; blood pressure 132/94 mmHg; oxygen saturation 95% on room air; no confusion; no urea measurement.

C. 75-year-old man with pneumonia; respirations 34/min; systolic blood pressure 92 mmHg; diastolic 50 mmHg; oxygen saturation 88%; age ≥65; no data on confusion or urea.

D. 68-year-old man with pneumonia; respirations 32/min; systolic blood pressure 120 mmHg; diastolic 66 mmHg; oxygen saturation 95% on room air; age ≥65; no confusion; no urea measurement.

7. A 32-year-old IV drug user with wrist swelling and full range of motion has a photograph of the wrist; which is the most appropriate management?

A. Incision and Drainage

B. Arthrocentesis

C. Antibiotics alone

D. Immobilization

8. Which action is NOT part of routine initial wound management?

A. Hydrogen peroxide on open wounds is recommended.

B. Irrigate with normal saline or sterile water.

C. Debride devitalized tissue if needed.

D. Consider antibiotics for contaminated wounds.

9. In the head injury vignette, which combination yields a Glasgow Coma Scale score of 14/15?

A. E3 V4 M7

B. E4 V4 M6

C. E4 V5 M5

D. E4 V5 M6

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10. A 30-year-old man sustains a puncture from a high-pressure paint gun to the right index finger with a small skin disruption and paint under the dermis. What is the most appropriate management?

A. Transfer to the emergency department for immediate orthopedic evaluation

B. Apply a simple dressing and discharge

C. Splint and observe

D. Start systemic antibiotics and discharge

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Answers

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

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Explanations

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1. What are core antibiotic stewardship principles relevant to urgent care?

A. Use broad-spectrum agents for most infections; avoid testing.

B. Use narrow-spectrum agents when possible; avoid antibiotics for likely viral infections; tailor duration and route; avoid unnecessary broad-spectrum drugs; use culture/sensitivity when available; educate patients about expectations.

C. Avoid cultures or sensitivities.

D. Always prescribe antibiotics for viral infections.

Antibiotic stewardship in urgent care centers centers on using antibiotics responsibly to treat bacterial infections while minimizing harm from side effects and resistance. The best approach is to use narrow-spectrum agents when a bacterial infection is likely and targeted, avoid antibiotics for illnesses that are likely viral, and tailor how long and by what route the medicine is given to the specific situation. It also means avoiding unnecessary broad-spectrum drugs and using culture or sensitivity testing when available to guide therapy so you can de-escalate to the most appropriate option. Educating patients about what to expect and when antibiotics are actually needed helps reduce pressure to prescribe inappropriately. This combination protects patient safety, reduces adverse events and costs, and helps keep effective antibiotics available for when they're truly needed. Options that promote treating viral infections with antibiotics, rely on broad-spectrum agents without testing, or skip cultures miss these essential stewardship steps.

2. Which pathophysiology best explains the patient's dyspnea after a long flight and a negative stress test?

A. Arterial thrombosis

B. Venous thrombosis in calf vein that travelled to the lungs

C. Bacterial pneumonia

D. Air embolism

Prolonged immobility during a long flight can lead to venous thrombosis in the calf. If a clot breaks free, it can travel to the lungs and cause a pulmonary embolism. When a thrombus lodges in branches of the pulmonary arteries, it obstructs blood flow to parts of the lung, creating a ventilation–perfusion mismatch and increasing dead space. This mismatch triggers sudden or worsening dyspnea and often tachycardia, with hypoxemia contributing to the symptom. A negative stress test makes cardiac ischemia a less likely cause of the dyspnea, pointing toward a pulmonary origin. The other options don't fit as well: arterial thrombosis would affect the systemic circulation and limbs rather than cause acute pulmonary symptoms; bacterial pneumonia would typically present with fever and productive cough; air embolism is less likely in this scenario without a provoking event.

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3. Which conditions are included in the differential diagnosis for acute chest pain in urgent care?

A. GERD, gastritis, musculoskeletal pain

B. Anxiety and stress alone

C. Acute coronary syndrome; pulmonary embolism; pneumothorax; aortic dissection; esophageal rupture

D. Peptic ulcer disease only

Acute chest pain in urgent care requires a differential that prioritizes life-threatening causes, because identifying and treating them promptly can be the difference between life and death. The essential set includes acute coronary syndrome, pulmonary embolism, pneumothorax, aortic dissection, and esophageal rupture. These conditions can all present with chest pain and may look similar to less dangerous problems, but each demands rapid evaluation and specific tests to confirm or exclude. Think of how each presents and the practical next steps: acute coronary syndrome often shows up with chest pressure, sweating, or shortness of breath and needs an ECG and troponin with ongoing monitoring; pulmonary embolism may cause sharp or pleuritic pain and might require D-dimer testing and CT angiography; pneumothorax is suggested by sudden chest pain with diminished breath sounds and is diagnosed by chest imaging; aortic dissection classically presents with sudden severe, sometimes tearing chest or back pain and is confirmed with CT angiography; esophageal rupture, though rarer, presents with severe chest pain and may follow vomiting or instrumentation, diagnosed with CT or contrast imaging. Other options, like GERD, gastritis, and musculoskeletal pain, can indeed cause chest discomfort but don't by themselves encompass the urgent, potentially fatal etiologies that must be ruled out first. Anxiety and stress can accompany chest pain but cannot be the sole differential in an acute setting, and peptic ulcer disease is not a primary cause of acute chest pain to the degree required here.

4. Which emergency contraception option is effective up to 120 hours after intercourse?

A. Levonorgestrel within 72 hours

B. Ulipristal acetate within 120 hours

C. Copper IUD within 5-7 days

D. All methods have equal effectiveness regardless of BMI

Timing of emergency contraception matters: different options work over different windows after intercourse. Ulipristal acetate delays ovulation and remains effective up to 120 hours (5 days) after intercourse, so it reliably covers the full five-day window. Levonorgestrel is most effective within 72 hours and its efficacy drops with higher BMI, so it doesn't reliably extend to 120 hours. Copper IUD can be used up to about seven days after intercourse, which is a longer window than 120 hours, so it isn't described as limited to that five-day mark. Not all methods have the same effectiveness across individuals, so the answer that matches the specific 120-hour window best is Ulipristal acetate.

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5. A 3-year-old with diarrhea, nausea, and vomiting for the past two days. After ondansetron is given, which is the most important aftercare instruction at discharge?

A. Start intravenous fluids

B. Stop fluids until vomiting subsides

C. Begin oral rehydration with small volumes of electrolyte solution

D. Return if vomiting recurs soon

The main idea is to restore fluids and electrolytes by mouth. After an antiemetic, starting oral rehydration with small sips of an electrolyte solution is the best discharge instruction because it directly treats dehydration in a safe, effective way for a child who can tolerate oral intake. Oral rehydration solutions use glucose and electrolytes to promote water absorption in the intestines, rebalancing losses from diarrhea and vomiting without the need for IV access. IV fluids are only needed if the child cannot keep fluids down or is severely dehydrated or in shock. Stopping fluids would worsen dehydration, and while telling caregivers to return if vomiting recurs is reasonable, the critical step is initiating oral rehydration now.

6. Which patient with community-acquired pneumonia is most likely to require hospitalization based on CURB-65 criteria?

A. 84-year-old man with pneumonia; temperature 37.9°C; pulse 92/min; respirations 28/min; blood pressure 110/58 mmHg; oxygen saturation 92% on room air.

B. 60-year-old woman with shortness of breath for 6 hours; temperature 37.0°C; pulse 104/min; respirations 18/min; blood pressure 132/94 mmHg; oxygen saturation 95% on room air; no confusion; no urea measurement.

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D. 68-year-old man with pneumonia; respirations 32/min; systolic blood pressure 120 mmHg; diastolic 66 mmHg; oxygen saturation 95% on room air; age ≥65; no confusion; no urea measurement.

This question tests how CURB-65 risk scoring guides whether a patient with pneumonia should be hospitalized. CURB-65 awards one point for each of five factors: confusion, elevated urea, respiratory rate of 30 or more, low blood pressure (systolic <90 or diastolic ≤60), and age 65 or older. A total score of 2 or more generally prompts admission, with higher scores indicating greater risk. Evaluating each patient: the 84-year-old has age plus a diastolic blood pressure of 58, giving two points. The 60-year-old has none of the criteria, so zero points. The 75-year-old has a respiratory rate of 34 (one point), diastolic BP 50 (one point), and age 75 (one point), totaling three points. The 68-year-old has a respiratory rate of 32 (one point) and age 68 (one point), for two points. The highest CURB-65 score is three for the 75-year-old, indicating the greatest need for hospitalization. The notably low oxygen saturation (88%) supports the severity but isn't itself a CURB-65 criterion. Hence, the patient with rapid breathing, low diastolic pressure, and advanced age is most likely to require admission.

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7. A 32-year-old IV drug user with wrist swelling and full range of motion has a photograph of the wrist; which is the most appropriate management?

A. Incision and Drainage

B. Arthrocentesis

C. Antibiotics alone

D. Immobilization

This question tests recognizing a soft-tissue abscess that needs drainage rather than a joint problem. In an IV drug user with wrist swelling, a discrete, fluctuant, localized collection points to a purulent abscess in the soft tissues. The priority management is to perform incision and drainage to evacuate the pus, relieve pressure, and allow antibiotics to work more effectively. Antibiotics alone won't resolve an established abscess because the purulent material is poorly penetrated by drugs. Arthrocentesis is used when septic arthritis is suspected (joint involvement with infection), and immobilization doesn't treat infection. After drainage, antibiotics are typically given to cover skin flora, especially Staphylococcus aureus, and cultures can guide further therapy.

8. Which action is NOT part of routine initial wound management?

A. Hydrogen peroxide on open wounds is recommended.

B. Irrigate with normal saline or sterile water.

C. Debride devitalized tissue if needed.

D. Consider antibiotics for contaminated wounds.

Hydrogen peroxide on open wounds is not part of routine initial wound management because it can damage healthy tissue and impede healing. Its oxidizing action and bubbling can harm fibroblasts and other cells needed for tissue repair, slowing wound closure and increasing recovery time. Routine initial care focuses on gentle cleansing with normal saline or sterile water to remove debris without harming tissue, debridement of dead or nonviable tissue if needed to reduce infection risk, and consideration of antibiotics for contaminated wounds to address potential bacterial contamination. The goal is to support the body's natural healing process, not disrupt it with harsh antiseptics.

9. In the head injury vignette, which combination yields a Glasgow Coma Scale score of 14/15?

A. E3 V4 M7

B. E4 V4 M6

C. E4 V5 M5

D. E4 V5 M6

Glasgow Coma Scale totals come from adding Eye Opening (E), Verbal Response (V), and Motor Response (M) scores. The highest possible is 15, achieved with E4, V5, and M6. To get 14, you need a total one point below perfect, and in this vignette the described responses line up as eye opening spontaneously (E4), verbal response oriented (V5), and motor response that localizes pain (M5). That sum is 4 + 5 + 5 = 14, so E4 V5 M5 fits. Why the other combinations don't fit: one option shows a motor score of 7, which isn't on the scale (max is 6). Another option would give 14 only if Verbal were 4, but the vignette indicates Verbal 5, so it wouldn't match. Lastly, the combination that would yield 15 (E4 V5 M6) is not the target 14.

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10. A 30-year-old man sustains a puncture from a high-pressure paint gun to the right index finger with a small skin disruption and paint under the dermis. What is the most appropriate management?

A. Transfer to the emergency department for immediate orthopedic evaluation

B. Apply a simple dressing and discharge

C. Splint and observe

D. Start systemic antibiotics and discharge

High-pressure injection injuries to a finger are surgical emergencies because the surface wound often looks minor while deep structures—tendons, joints, nerves, and vessels—can be severely damaged. The force pushes paint and solvent under the skin, causing chemical injury, tissue edema, and compartment-like pressure that can rapidly worsen. This combination makes early surgical assessment crucial to prevent lasting disability, infection, or even amputation. Therefore, the best course is to transfer the patient to the emergency department for urgent hand/orthopedic evaluation, often with the consideration of prompt surgical debridement or decompression if indicated. Delaying for simple dressing, observation, or splinting can miss evolving deep injury and lead to poorer outcomes. In the meantime, immobilize the finger, cover with a clean dressing, and ensure tetanus prophylaxis as appropriate.

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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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