

Practice Exam Questions



AGPCNP-BC

Adult-Gerontology Primary Care Nurse Practitioner



EXAMKILLER

Help Pass Your Exam At First Try

Total Question: 50 QAs

Question No: 1

Which of the following patients should be referred for further developmental evaluation?

- A. term 12-month-old child not walking independently whose older sibling walked at 10 months
- B. premature 7-month-old child born at 28 weeks gestation not sitting independently
- C. term 12-month-old infant not using single words
- D. term 6-month-old infant with poor head control

Answer: D

Explanation: The pediatric nurse practitioner should be familiar with ranges of normal development and so-called "red flags" which necessitate further developmental screening. Until 24 months of age, the premature infant's development should be assessed with a corrected age based on the degree of prematurity (e.g., a 7-month-old child born at 28 weeks should have met developmental milestones of a term 4-month-old). Language red flags include no babbling by 12 months and no single words by 16 months. Gross motor red flags include lack of head control by 4 months, inability to sit by 9 months, and not pulling to stand by 12 months.

Question No: 2

An infant with gastroesophageal reflux is being discharged from the hospital with a nasogastric tube for feeding. Which of the following would be most effective for teaching the patient's family how to care for the nasogastric tube at home?

- A. arrange for nasogastric tube teaching after discharge with a home health care nurse
- B. have the family observe a nurse placing the feeding tube before discharge
- C. teach the primary caregiver how to care for the feeding tube before discharge and tell him/her to teach the rest of the patient's home caregivers
- D. have the family observe, help with in-hospital feeding tube care, and then demonstrate independent skills with the feeding tube prior to hospital discharge

Answer: D

Explanation: The use of new medical devices (e.g. apnea monitor, feeding tube, and tracheostomy) in the home requires thorough and individualized family education. Assessing the family's resources, wishes, and capabilities is a crucial first step in assessing the needs of each patient/family. It is also important to identify resources in the community that may be helpful. The most successful family teaching includes a variety of methods for imparting information (e.g., verbal, written, demonstration) with consideration of any barriers to comprehension, such as language barriers or inability to read. It is important to evaluate effectiveness of the patient/family education once completed.

Question No: 3

Which of the following is accurate about the emancipated minor?

- A. the adolescent patient who disagrees with a parent/guardian about medical treatment can be treated as an emancipated minor
- B. all 50 states have identical legal statutes with regard to the emancipated minor
- C. the emancipated minor may not legally consent to medical care involving reproductive health issues
- D. the emancipated minor may legally consent to all types of medical care

Answer: D

Explanation: State laws vary with regard to the emancipated minor. Most states have a minimum age requirement (generally 14-16 years) and require the minor to be financially independent and living separately from his/her parents. In some states, joining the military, getting married, or becoming pregnant lead to essentially automatic emancipated minor status. Emancipated minors may consent for all medical care. The emancipated minor differs from what is referred to as the "mature minor exemption," which allows a minor to seek medical care without parental consent if he/she demonstrates to the court sufficient maturity and cognitive ability to make an independent judgment about medical treatment.

Question No: 4

Which of the following is most accurate regarding pain assessment in the pediatric patient?

- A. behavioral pain assessment measures are useful for measuring pain in infants or children with impaired communication skills
- B. most pediatric patients can use self-report pain scales (e.g., FACES, 0-10 scales) by 2 years of age
- C. premature neonates are neurologically less capable of feeling pain
- D. parents are an unreliable source of pain assessment in the cognitively impaired pediatric patient

Answer: A

Explanation: Behavioral pain assessment measures (such as facial expression, body movement, and crying) are especially useful in the infant patient or older patient with limited communication skills.

Physiologic pain assessment measures (e.g., heart rate, sweating) are not specific for pain response, but can be helpful when combined with behavioral pain-response assessments. Most pediatric patients can use one of the many available self-report measures by age 4-5 years. In the patient with impaired cognition or communication skills, parents (or other primary caregivers) are a valuable resource for assessment of pain. Premature infants experience pain, but their responses may be blunted relative to the term infant.

Question No: 5

An important assumption underlying the "family systems theory" is:

- A. problems in the family can be traced back to individual family members.
- B. family dysfunction is best addressed by emphasizing past (rather than current) family dynamics.
- C. the family is a closed system which does not interact with its environment.
- D. changes in one part of the family affect all other parts of the family system.

Answer: D

Explanation: Understanding how a pediatric patient's family structure and functioning affects the health of an individual patient is an important part of pediatric assessment. Family systems theory is based on the idea that interactions and changes in one member of the family system and environment affect the rest of the family, which in turn affects other family members. Problems in the family are viewed primarily as originating from the interaction of the family members, rather than an individual. Family systems theory places emphasis on current problems and interactions, rather than past dynamics.

Question No: 6

An important benefit of physical therapy for the patient with a moderate-to-severe ankle sprain is:

- A. therapeutic exercises assist with regaining full range of motion and stability of ankle joint.
- B. rapid return to sports in the competitive athlete.
- C. home ankle rehabilitation exercises are unnecessary.

D. lower incidence of compartment syndrome in association with ankle sprain.

Answer: A

Explanation: Ankle sprains are a common injury in the pediatric patient - the majority of ankle sprains involve injury to the lateral ankle ligaments due to ankle inversion ("rolling the ankle"). Physical therapy programs can be very helpful to the patient with a moderate-to-severe ankle sprain.

Patient/family education about a home rehabilitation program supplements the exercises offered during a session with the physical therapist. In the first few weeks after an ankle sprain (recovery phase), therapy is aimed at improving flexibility, range-of-motion, joint stability and strength.

Further therapy (functional phase) aims to return the patient to his/her prior level of activity with advanced exercises.

Question No: 7

In evaluation of the healthy, toddler-age patient with asymptomatic microcytic anemia, the laboratory test(s) most likely to be diagnostic is:

- A. serum lead level.
- B. serum folate level.
- C. serum iron studies.
- D. serum white blood cell count.

Answer: C

Explanation: Iron deficiency remains the most common cause of microcytic (MCV < 77 fl) anemia in the otherwise-healthy pediatric population. Iron-deficiency anemia in the pediatric patient is most often caused by inadequate iron intake (e.g., excess milk intake, vegetarianism) or blood loss (e.g., menstruation). Other causes of microcytic anemia include lead poisoning and thalassemia. Folate deficiency (or B12 deficiency) would generally cause a macrocytic (MCV > 95 fl) anemia.

Supplemental oral iron in addition to the elimination of contributing factors is sufficient treatment for most cases of iron-deficiency anemia. Rarely, red blood cell transfusions may be indicated in the pediatric patient with iron-deficiency anemia.

Question No: 8

The leading cause of death for children 1-18 years of age in the United States is:

- A. accidents.
- B. homicide.
- C. cancer.
- D. congenital anomalies.

Answer: A

Explanation: In the infant population (0-12 months), most deaths are attributable to congenital anomalies, complications of low birth weight/prematurity, and sudden infant death syndrome (SIDS). After one year of age, accidents are the leading cause of death in the pediatric population. This includes falls, burns, motor vehicle accidents, head injuries, and drowning. Most pediatric accident deaths are preventable, making injury prevention education a crucial part of pediatric practice. In the toddler age group, congenital anomalies are the 2nd leading cause of death. In the young schoolaged child, cancer is the 2nd leading cause of death. In the adolescent age group, homicide and suicide are the 2nd and 3rd leading causes of death.

Question No: 9

Which of the following statements is most accurate concerning the pediatric nurse practitioner's scope of practice?

- A. prescribing medications is not within the pediatric nurse practitioner's scope of practice
- B. pediatric nurse practitioners diagnose and treat most common childhood illnesses
- C. pediatric nurse practitioners may practice independently without physician oversight in all 50 states
- D. pediatric nurse practitioners may only provide routine health maintenance and immunizations

Answer: B

Explanation: The pediatric nurse practitioner's scope of practice varies widely by state. All 50 states now allow PNPs some prescriptive authority (with and without physician involvement), although restrictions on controlled substances are common. A handful of states allow nurse practitioners to practice independently without any physician oversight. More commonly, some degree of physician involvement is required. Most states allow PNPs to diagnose and treat medical conditions, but a few make a distinction between "nursing diagnoses" and "medical diagnoses." Finally, most states require pediatric nurse practitioners to obtain national certification.

Question No: 10

Which of the following parental characteristics is associated with an increased risk of child maltreatment (abuse)?

- A. older parents
- B. immigrant parents
- C. history of childhood abuse/neglect for the parent
- D. wealthy parents

Answer: C

Explanation: Child maltreatment may occur in any family regardless of education level, socioeconomic status, ethnicity, or child-specific characteristics. However, studies have demonstrated parental, child, and environmental risk factors for child maltreatment. Parental factors found to increase the risk of child maltreatment include a parental history of abuse or neglect, socially isolated parents, teenage mothers, and mothers with low self-esteem. Child factors include a poor fit between the child's temperament/ parent's ability to deal with that temperament, history of prematurity, and a history of difficult pregnancy/delivery. Environmental factors include poverty, addiction, poor housing, and unemployment.

Question No: 11

Which is considered the strongest (or highest) level of evidence among the following choices?

- A. systematic review of randomized controlled trials
- B. expert opinion
- C. systematic review of case-controlled studies
- D. case series

Answer: A

Explanation: Evaluating published research can be overwhelming. It is important to become familiar with the defining characteristics of different study types, such as randomized controlled trial, cohort study, case-control study, case report, etc. In evaluating the available research relevant to a specific clinical question, it is helpful to differentiate the research based on the strength of the evidence (e.g., more reliable, less vulnerable to bias). The strongest level of evidence is a systematic review or meta-analysis of randomized controlled trials (RCTs). The next strongest level of evidence among the choices offered is a systematic review