

# Practice Exam Questions



FNP-BC

Family Nurse Practitioner



**EXAMKILLER**

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## Total Question: 200 QAs

### Question No: 1

An adult patient needs treatment for Chlamydia trachomatis urethritis. Which one of the following drugs is useful as a single-dose regimen?

- A. Ceftriaxone intramuscularly.
- B. Levofloxacin.
- C. Azithromycin.
- D. Doxycycline.

Answer: C

Explanation: Only azithromycin has shown effectiveness when taken as a single dose for treatment of chlamydia] urethritis. Levofloxacin and doxycycline are also effective treatment choices, but would have to be taken for seven days. Ceftriaxone (Rocephin) is not effective in this case.

### Question No: 2

A patient who gave birth to an infant two months previously seems disengaged and withdrawn. The family nurse practitioner is concerned that the patient may have postpartum depression. Which three of the following symptoms are characteristic of postpartum depression?

- A. Insomnia or hypersomnia.
- B. Disorientation and confusion.
- C. Feeling of worthlessness or inadequacy.
- D. Poor concentration and inability to make decisions.
- E. Delusions associated with the infant.

Answer: A,C,D

Explanation: A patient who has given birth within the previous two to three months and seems disengaged and withdrawn may be exhibiting signs of postpartum depression. Characteristic symptoms include:

- Insomnia or hypersomnia.
- Feeling of worthlessness or inadequacy.
- Poor concentration and ability to make decisions.
- Lack of interest and pleasure.
- Recurrent thoughts of death.
- Lack of energy and constant fatigue.
- Marked change in appetite.
- Consistently sad or depressed mood.

Postpartum psychosis often begins early and is more acute and dangerous and can include disorientation, confusion, hallucinations, and delusions associated with the infant.

### Question No: 3

A child with fetal alcohol syndrome (FAS) is likely to exhibit which one of the following findings?

- A. Growth deficiency.
- B. Normal IQ.
- C. Thickened upper lip.
- D. Macrocephaly.

Answer: A

Explanation: FAS is caused by alcohol consumption during pregnancy. Pregnant women should be counseled against drinking any amount of alcohol because there is no known "safe" amount to drink. Pregnant women should abstain from alcohol during all trimesters. Alcohol has a wide range of permanent effects on children, particularly on the nervous system. Some common characteristics include abnormal facial features (thin upper lip and smooth philtrum), microcephaly, growth deficiency, hyperactivity, learning disabilities, and low IQ.

Question No: 4

To evaluate a child for esotropia, which one of the following is a rapid and convenient diagnostic screening test?

- A. Slit lamp examination.
- B. Corneal light reflex test.
- C. Snellen test.
- D. Fluorescein test.

Answer: B

Explanation: Corneal reflex tests are useful to diagnose strabismus (e.g., esotropia). To perform the test, shine a light directly onto both corneas at the same time with the patient looking straight at the light source. In patients with strabismus, the light reflected on the cornea appears off-center in the affected eye. Note that corneal light reflex tests may not detect an intermittent strabismus.

Question No: 5

According to Dr. Elisabeth Kubler-Ross, dying patients experience several emotional stages during terminal illness. Which one of these emotions persists throughout all the stages of terminal illness?

- A. Anger.
- B. Hope.
- C. Denial.
- D. Bargaining.

Answer: B

Explanation: The five emotional stages of dying are hope, denial, isolation, anger, and bargaining. The hope of a cure (even if slim) persists throughout all the other stages of terminal illness. Isolation and denial help handle the shock of approaching death. After this, the patient experiences anger followed by bargaining.

Question No: 6

A family nurse practitioner is assessing an 11-month-old African-American child who was brought in by his mother for concerns about swelling in both hands and both feet. On examination, the nurse practitioner finds tenderness and obvious swelling of the hands and feet. Vital signs, including temperature and blood pressure, are normal. The most likely diagnosis is:

- A. osteomyelitis.
- B. hand-foot-mouth disease.
- C. glomerulonephritis.
- D. sickle cell disease.

Answer: D

Explanation: Dactylitis (hand-foot syndrome) is often the first manifestation of sickle cell disease in an infant

or toddler. Swelling and pain are usually symmetric and result from ischemia of small bones. Bone marrow is expanding and compromising circulation to the bones of the hands and feet. X rays are not helpful in the acute phase, but they eventually show bone destruction and repair. Management includes hydration and pain control. Patients who present with dactylitis before 24 months of age often go on to have a severe course of sickle cell disease.

Question No: 7

A 65-year-old woman complains of urinary incontinence. She is experiencing leakage of urine when she coughs, sneezes, or laughs. This form of urinary incontinence is called:

- A. stress incontinence.
- B. urge incontinence.
- C. overflow incontinence.
- D. functional incontinence.

Answer: A

Explanation: Stress incontinence refers to leakage of urine by performance of an activity that puts pressure on the bladder. These activities include laughing, sneezing, lifting something heavy, or coughing.

Urge incontinence is present when a patient develops a sudden, strong urge to urinate and begins passing urine before making it to the bathroom. Patients who have functional incontinence have a physical or mental disability that prevents normal urination even though the urinary tract is normal. Examples are Parkinson's disease, dementia, and severe depression.

Question No: 8

A full-term newborn weighed 7 pounds, 9 ounces at birth. Three days after hospital discharge, the family nurse practitioner is seeing the baby for his first checkup. He now weighs 7 pounds, 4 ounces. This level of weight loss is:

- A. worrisome because it is below birth weight.
- B. Indicative of inadequate nutrition.
- C. A sign of dehydration.
- D. Normal at this age.

Answer: D

Explanation: Most babies lose several ounces during the first week of life. They usually get back to birth weight and start gaining weight by two weeks of age. Breastfed babies may take a little longer to get back to birth weight. A weight loss of between 5% and 10% in the first week is within normal range.

Question No: 9

Which of the following drugs is NOT associated with human teratogenicity?

- A. Valproic acid.
- B. Warfarin.
- C. Phenytoin.
- D. Amoxicillin.

Answer: D

Explanation: Valproic acid (Depakene, Depakote) is an anticonvulsant associated with an elevated risk of neural tube defects, such as spina bifida and meningocele, among others. Phenytoin (Dilantin) affects the developing fetus and may cause such defects as cleft lip, cleft palate, mental deficiency, and hypoplastic

fingers and nails. Warfarin (Coumadin), a common anticoagulant, is known to cause nasal deformities, brain abnormalities, and stillbirth. Of the answer choices given for this question, only amoxicillin is not known as a teratogen.

Question No: 10

The family nurse practitioner is assessing an infant for indications of developmental hip dysplasia utilizing the Ortolani-Barlow maneuver. The maneuver begins by placing the infant on the back and includes the following steps:

1. Grasp the infant's knees with the thumbs over the inner thighs.
2. Slowly abduct the infant's hips and observe for equal movement, resistance, or an abnormal "clunk" sound.
3. Flex the infant's knees and hips to 90 degrees.
4. Touch the infant's knees together, and then press down on the one femur at a time, observing for dislocation.

Place the steps to this maneuver in sequential order, from first to last:

- A. 1, 2, 3, 4
- B. 1, 3, 2, 4
- C. 1, 4, 2, 3
- D. 1, 3, 4, 2

Answer: D

Question No: 11

An adolescent patient presents with severe sore throat, fever, cervical lymphadenopathy, and difficulty opening the mouth. On examination, the family nurse practitioner sees that the uvula is deviated from the midline and there is some bulging of the soft palate near the tonsillar area. What is the most likely diagnosis?

- A. Epiglottitis .
- B. Viral pharyngitis.
- C. Peritonsillar abscess.
- D. Retropharyngeal abscess.

Answer: C

Explanation: Peritonsillar abscesses are typical in teens. Symptoms include sore throat, fever, and difficulty swallowing and opening the mouth (trismus). In fact, the exam may be difficult due to trismus. The abscess causes bulging of the soft palate in the tonsillar area. Cultures usually grow group A strep and mixed anaerobes. Retropharyngeal abscesses occur most frequently in children under five years of age and are less common in older patients whose retro pharyngeal nodes have involuted. Epiglottitis also causes sore throat and fever, but it is accompanied by respiratory distress and typically occurs in younger children.

Question No: 12

Most cases of infectious pharyngitis are caused by:

- A. viruses.
- B. group A streptococcus.
- C. streptococcus pneumoniae.
- D. haemophilus influenzae.

Answer: A

Explanation: Viruses cause over 62% of infectious pharyngitis. The remaining answer choices are bacterial

agents. Contrary to what patients often believe, group A strep pharyngitis is significantly less common than viral pharyngitis.

Question No: 13

A pediatric patient has a tender, boggy lesion on the scalp. There are numerous pustules overlying the lesion. Occipital lymphadenopathy is also present, and there are also three to four small scaly areas of hair loss scattered over the scalp. A Wood's lamp examination shows no fluorescence. What is the most likely diagnosis?

- A. Scalp abscess.
- B. Tinea capitis.
- C. Impetigo.
- D. MRSA infection.

Answer: B

Explanation: This patient has tinea capitis. The boggy lesion on the scalp is a kerion, which is often mistaken for an abscess. Itchy, scaly areas on the scalp and scattered areas of hair loss are common, as are swollen occipital lymph nodes. Most cases of tinea capitis in the United States are caused by *Trichophyton tonsurans*, which does not fluoresce on Wood's lamp examination. While impetigo can occur on the scalp, it is not associated with hair loss. All clinical information provided in this clinical scenario points to tinea capitis, making all other choices incorrect.

Question No: 14

Which one of the following is a typical characteristic of *Mycoplasma pneumoniae* infection?

- A. Consolidated infiltrate on chest x-ray.
- B. Headaches.
- C. Hypoxia.
- D. Myositis.

Answer: B

Explanation: Constitutional symptoms such as malaise and headaches are typical with *Mycoplasma pneumoniae* infection. The expected norm for chest x-ray findings is diffuse infiltrates as opposed to a consolidated infiltrate. Myalgias and myositis are more common with viral pneumonia. Hypoxia is also atypical for pneumonia due to *Mycoplasma pneumoniae*.

Question No: 15

Thelarche begins in girls during which Tanner stage?

- A. Stage I.
- B. Stage II.
- C. Stage III.
- D. Stage IV.

Answer: B

Explanation: Breast bud development (thelarche) starts during Tanner stage II. Stage I represents preadolescent girls who have not yet developed secondary sex characteristics. Stages III and IV are more advanced stages of sexual development. Stage V is the highest level of sexual development and is equivalent to an adult in sexual characteristics.



Question No: 16

A nurse practitioner is examining a 55-year-old diabetic man who reports a bilateral pretibial rash. The physical exam reveals a thin epidermis with brown-yellow ulcerated plaques that are oozing blood. What is the most likely diagnosis?

- A. Erythema nodosum.
- B. Myxedema.
- C. Cutaneous Candida albicans infection.
- D. Necrobiosis lipoidica diabetorum (NLD).

Answer: D

Explanation: NLD is characterized by collagen degeneration, granulomatous reaction, fat deposits, and thickened blood vessel walls. The specific cause is unknown, but several theories hint at peripheral blood vessel disease, vasculitis, or trauma. Erythema nodosum usually also occurs on the pretibial areas, but consists of tender red subcutaneous nodules. Myxedema is a non pitting edema associated with hypothyroidism. Candida infections most commonly occur in warm, moist skin folds.

Question No: 17

Red blood cell (RBC) casts in the urine indicate:

- A. interstitial nephritis.
- B. myoglobinuria.
- C. renal tubular damage.
- D. glomerular disease.

Answer: D

Explanation: Urinary casts may be composed of red blood cells, white blood cells, or renal cells. To perform a test for casts, the patient provides a midstream clean-catch urine specimen. RBC casts indicate bleeding into the renal tubule, commonly seen in glomerular diseases such as lupus nephritis, IgA nephropathy, and Wegener's granulomatosis. With renal tubular damage, renal tubular epithelial cell casts are present in the urine. Neither UTIs nor interstitial nephritis is associated with RBC casts.

Question No: 18

Which of the following is NOT a criterion for diagnosis of diabetes mellitus?

- A. Fasting blood glucose > 126 mg/dL.
- B. HgA1c of 6.5%.
- C. Polydipsia and polyuria.
- D. Nonfasting blood glucose > 200 mg/dL.

Answer: B

Explanation: A fasting blood glucose > 126 mg/dL, polydipsia/polyuria, and a nonfasting blood glucose of > 200 mg/dL are all criteria for diagnosing diabetes. HgA1c is useful for periodic assessment of average glucose levels. It is not recommended for diagnostic purposes.

Question No: 19

According to federal law, a family nurse practitioner can care for nursing home patients under which of the following conditions?

- A. A physician must be available for emergencies.
- B. Patients must be younger than 80 years of age.

- C. The caseload must not exceed five patients.
- D. All of the above.

Answer: A

Explanation: A nurse practitioner can care for nursing home patients as long as a physician is available in case of emergency. There are no age restrictions for a FNP's patient population, nor is there a caseload limit.

Question No: 20

The public health department has noted a recent increase in cases of West Nile fever, and the family nurse practitioner has begun to see patients with the infection. Which three of the following signs or symptoms does the family nurse practitioner recognize as being typical of West Nile fever?

- A. Alterations of consciousness.
- B. Weakness of facial muscles.
- C. Transient maculopapular rash on the chest, stomach, and back.
- D. Fever, headache, and body aches.
- E. Nausea and vomiting.
- F. Seizures.

Answer: C,D,E

Explanation: West Nile infections are classified as viremia, West Nile fever, or West Nile encephalitis/meningitis, depending on the severity of symptoms. West Nile fever is characterized by fever, headache and body aches, nausea and vomiting, eye pain (occasional), swollen lymph glands (occasional), and maculopapular skin rash on the chest, stomach, and back (occasional). West Nile fever affects about 20% of those who become infected, with symptoms lasting from a few days to several weeks.

Question No: 21

An African-American woman asks a nurse practitioner about sickle cell disease. She informs the practitioner that she is homozygous for hemoglobin A (AA) and her husband has sickle cell trait (AS). What is the probability that they would have a child with sickle cell disease?

- A. 0%.
- B. 25%.
- C. 50%.
- D. 100%.

Answer: A

Explanation: None of their children will have sickle cell disease. For this couple, with each pregnancy, there is a 50% probability of having a child with sickle cell trait and a 50% probability of having a child who is homozygous (AA), but a 0% chance that the child will have sickle cell disease.

Question No: 22

The percentage of persons with dementia cared for in the home by family members is closest to:

- A. 33%.
- B. 52%.
- C. 65%.
- D. 80%.

Answer: D

Explanation: The percentage of patients with dementia that are cared for in the home by family members is



about 80%.

Question No: 23

A family nurse practitioner observes the interaction between a parent and a seven-years old child. Which three of the following parental behaviors indicate that the parent has an authoritarian parenting style?

- A. Parent issues commands and expects obedience.
- B. Parent communicates little with the child.
- C. Parent shows unconditional love to the child.
- D. Parent sets reasonable limits on behavior.
- E. Parent has rules that are inflexible.
- F. Parent provides little guidance to the child.

Answer: A,B,E

Explanation: An authoritarian parent is highly controlling and tends to show little warmth.

Authoritarian behavior includes:

- Issuing commands and expecting obedience without question.
- Communicating little with the child outside of giving orders.
- Maintaining inflexible rules.
- Permitting little independence on the child's part.

This parenting style results in a child with poor negotiation skills and an inability to initiate independent activities or achieve autonomy. Additionally, the child may become unassertive and withdrawn. During adolescence, girls often become passive and dependent and boys may become rebellious and aggressive.

Question No: 24

Which of the following is a HIPAA violation?

- A. Discussing patient treatment information with another provider via e-mail.
- B. Leaving patient charts outside patient exam rooms while they wait to see the provider.
- C. Revealing protected health information with a pharmaceutical representative who needs feedback on his new product.
- D. Releasing health information to the police to aid in an investigation.

Answer: C

Explanation: It is not a HIPAA violation to communicate with another provider via email. It is permissible by law to release health information to the police, but the practitioner should verify the identity of the police officer. It is acceptable to leave charts outside patient rooms, but care should be done that PHI is not in open view.

Question No: 25

Which of the following is NOT a cause of secondary hypertension?

- A. Sepsis.
- B. Cocaine use.
- C. Kidney disease.
- D. Oral contraceptive use.

Answer: A

Explanation: Most people with high blood pressure have primary hypertension, meaning that there is no known cause. Secondary hypertension refers to high blood pressure with a known cause. Cocaine use, renal

disease, and oral contraceptive use are all causes of secondary hypertension. Sepsis is associated with hypotension rather than hypertension.

Question No: 26

An otherwise healthy patient was diagnosed with influenza B within 48 hours of onset of symptoms and was treated with oseltamivir (Tamiflu). Within 24 hours, he reports intermittent heart palpitations. The most likely cause of the palpitations is:

- A. a routine symptom of the flu virus.
- B. high fever.
- C. viral myocarditis.
- D. a side effect of Tamiflu.

Answer: D

Explanation: Tamiflu (oseltamivir) is indicated for the treatment of uncomplicated illness due to influenza. To be effective, it must be started within 48 hours of onset of symptoms. Nausea, vomiting, and diarrhea are all common side effects of Tamiflu. Heart palpitations are not a symptom routinely associated with influenza.

Question No: 27

The family nurse practitioner has noted that a nursing team member has engaged in professional boundary violations. Which three of the following actions may indicate boundary violations?

- A. The nurse accepts a \$20 tip from a patient.
- B. The nurse is upset about a family situation and confides in a patient.
- C. The nurse touches a patient's arm when comforting the patient.
- D. The nurse exchanges patients with another nurse in order to care for a favorite patient.
- E. The nurse calls a priest for a patient who wants spiritual support.

Answer: A,B,D

Explanation: The following actions may indicate boundary violations:

- Accepting a \$20 tip from a patient. The nurse should not accept personal gifts for professional services.
- Confiding to a patient about a family situation. Personal situations should only be shared very judiciously for therapeutic purposes, such as telling a patient who struggles with quitting cigarettes about a similar successful struggle.
- Exchanging patients in order to care for a favorite patient. It's always a warning sign if a nurse begins to show favoritism or wants to avoid a patient.

Question No: 28

A three-year-old-boy has had fever of 104 to 105 degrees for six days. While examining the patient, a nurse practitioner notes a strawberry tongue, a maculopapular rash on the trunk, unilateral cervical lymphadenopathy, and nonexudative conjunctivitis. He also has cracked lips and edema of the hands and feet. A physician treated the patient three days prior with antibiotics for a presumed strep infection. What is the most likely diagnosis?

- A. Toxic epidermal necrolysis.
- B. Resistant strep infection.
- C. Kawasaki disease.
- D. Juvenile rheumatoid arthritis.

Answer: C

Explanation: High fever for more than five days, cervical lymphadenopathy, nonexudative pharyngitis, red strawberry tongue, and maculopapular rash are hallmarks of Kawasaki disease. The fact that the illness did not respond to antibiotics and duration of fever makes the diagnosis of strep infection unlikely. This group of symptoms is not characteristic of either toxic epidermal necrolysis or juvenile rheumatoid arthritis.

Question No: 29

An American elderly person is most likely to be abused by which one of the following?

- A. A sibling.
- B. A spouse.
- C. An adult child.
- D. An unrelated caregiver.

Answer: B

Explanation: A spouse is most likely to perpetrate abuse. The abuse may be either active or passive. Spouses feel most trapped in their situations of being caregivers and feel no hope of escape. A dayshift unrelated caregiver, by contrast, can leave and "decompress" after her shift.

Question No: 30

Which one of these conditions is associated with the highest suicide rate?

- A. COPD.
- B. Diabetes.
- C. AIDS.
- D. Osteoporosis.

Answer: C

Explanation: The risk of suicide is over 60 times greater than normal in people with AIDS. In patients with chronic lung disease, the risk is 10 times greater. Comparatively speaking, diabetes and osteoporosis do not have high suicide rates.

Question No: 31

An eight-year-old child has had severe nausea and vomiting from enteritis and is at risk for hypokalemia. Which three of the following signs or symptoms are characteristic of hypokalemia?

- A. Bradycardia.
- B. Muscle weakness, cramps, and hyporeflexia.
- C. Renal calculi.
- D. Confusion.
- E. Hypotension.
- F. Lethargy and fatigue.

Answer: B,E,F

Explanation: Hypokalemia is a risk factor for those with severe nausea and vomiting as well as those on nasogastric suctioning. Symptoms of hypokalemia include muscle weakness, cramps, and hyporeflexia as well as hypotension, lethargy, and fatigue. Although this child has diarrhea, hypokalemia can lead to abdominal distention and constipation. Hypokalemia can eventually impair kidney function and result in polyuria and polydipsia. Electrocardiogram (ECG) changes characteristic of hypokalemia include premature ventricular contractions (PVCs), a prolonged QT interval, depressed ST segment, and flat or inverted T-waves.

Question No: 32

The most common cause of viral pneumonia in adults is:

- A. adenovirus.
- B. RSV.
- C. Haemophilus influenzae.
- D. influenza virus.

Answer: D

Explanation: Influenza virus is the most common cause of viral pneumonia in adults. Respiratory syncytial virus may be associated with pneumonia in children. Haemophilus influenzae is a bacterium, not a virus.

Question No: 33

A family nurse practitioner is evaluating a 21-year-old patient with bilateral eye irritation. He has had several similar episodes in the past, but this one is more severe. The palpebral conjunctivae are edematous and velvety red and the bulbar conjunctivae are injected. No eye discharge is visible. Which one of these other clinical findings would the nurse practitioner expect to see in this case?

- A. Increased intraocular pressure.
- B. Fever.
- C. Myopia.
- D. Pruritus.

Answer: D

Explanation: This patient has allergic conjunctivitis, which is associated with pruritus. Causes are allergens or environmental agents. Allergic conjunctivitis is not associated with increased intracranial pressure, fever, or myopia.

Question No: 34

A 35-year-old male has been an insulin-dependent diabetic for five years and now is unable to urinate. Which of the following would the nurse practitioner most likely suspect?

- A. Atherosclerosis.
- B. Diabetic nephropathy.
- C. Autonomic neuropathy.
- D. Somatic neuropathy.

Answer: C

Explanation: Autonomic neuropathy can cause inability to urinate. The autonomic system innervates many organs including the bladder and urinary tract. As the nerves become damaged, in this case due to diabetes, the nerves of the bladder can't respond to pressure normally when the bladder fills.

Question No: 35

The most common cause of cancer-related deaths in the 25- to 44-year-olds group is:

- A. lung cancer.
- B. Hodgkin's lymphoma.
- C. breast cancer.
- D. colon cancer.

Answer: C

Explanation: Breast cancer causes the most cancer -related deaths in the 25- to 44-year age range. Lung cancer is the overall leading cause in patients of all ages. Hodgkin's disease occurs commonly in the 15- to 34-year age group and over age 60. The incidence of colon cancer peaks between 60 to 75 years of age. It is the second leading cause of cancer death in Western countries.

Question No: 36

An adult patient with iron deficiency anemia asks his family nurse practitioner about foods that are rich in iron. Which one of the following is highest in iron?

- A. Oranges.
- B. Whole milk.
- C. Beans.
- D. Egg whites.

Answer: C

Explanation: Iron- rich foods include leafy green vegetables, beans, egg yolks, fish, and poultry. Oranges are rich in vitamin C. Milk is rich in calcium and is typically not fortified with iron.

Question No: 37

A 21-month old child has a fever of 103 degrees, fussiness, drooling, and lack of appetite. On exam, the family nurse practitioner notes a red throat with several ulcerations over the tonsillar pillars. What is the most likely diagnosis?

- A. Herpangina.
- B. Strep pharyngitis.
- C. Gingivostomatitis.
- D. Epiglottitis.

Answer: A

Explanation: Herpangina is a viral illness caused by Coxsackie virus. Symptoms include fever, fussiness, throat pain, and drooling. In the early stages, vesicles appear on the tonsillar pillars. The vesicles subsequently ulcerate. Strep pharyngitis is uncommon at this age and is not associated with ulcerations. Gingivostomatitis, also viral, is associated with inflamed, bleeding gums, and mucosa! ulcers over the anterior oral cavity. Epiglottitis is a severe, life -threatening bacterial infection associated with respiratory distress.

Question No: 38

Which of the following is not an etiologic agent of bronchiolitis?

- A. RSV.
- B. Coronavirus.
- C. Norovirus.
- D. Rhinovirus.

Answer: C

Explanation: Norovirus (also called Norwalk-like virus) causes gastroenteritis. RSV, coronavirus, and rhinovirus have all been shown to cause bronchiolitis. Rhinovirus has recently been implicated in severe bronchiolitis illness. Human metapneumovirus is also an etiologic agent. In fact, the list of pathogens is growing.

Question No: 39

According to Erikson's psychosocial theory, children go through four stages:

1. Autonomy versus shame and doubt.
2. Trust versus mistrust.
3. Industry versus inferiority.
4. Initiative versus guilt.

Place the stages (in numbers) in sequential order, from infancy to school age.

- A. Infancy: 2; Early childhood: 1; Late childhood: 3; School age: 4
- B. Infancy: 2; Early childhood: 1; Late childhood: 4; School age: 3
- C. Infancy: 2; Early childhood: 3; Late childhood: 4; School age: 1
- D. Infancy: 2; Early childhood: 4; Late childhood: 3; School age: 1

Answer: B

Question No: 40

A family nurse practitioner has a patient who is habitually at least 30 minutes late for her appointments. She is a 42-year-old Hispanic woman with several health issues. Which of the following statements demonstrates cultural competence on the part of the healthcare provider?

- A. The provider should not take cultural differences into account in healthcare situations.
- B. Refusing to see the patient unless she arrives on time will teach her a lesson.
- C. Consider that the patient belongs to a culture where being on time is flexible or approximate rather than exact.
- D. Making a reminder call to the patient the day before will solve the problem.

Answer: C

Explanation: People can have different concepts of time based on their cultures. Americans have more exacting standards for being on time. Hispanics (and others as well), often have a flexible interpretation of time and are more likely to be more approximate with their timelines. Providers should take cultural differences into account in healthcare settings.

Question No: 41

Pneumococcal polysaccharide vaccine (PPSV 23, Pneumovax) is:

- A. recommended for all adults age 65 or over.
- B. administered intradermally.
- C. recommended yearly for asplenic patients.
- D. not given concurrently with other vaccines.

Answer: A

Explanation: Pneumovax is recommended for all patients 65 years and over. It can be administered with other vaccines but must be injected using a separate syringe at a different injection site. It should never be injected intradermally.

Question No: 42

The family nurse practitioner is actively engaged in preventive health maintenance activities. Which two of the following nursing actions are examples of primary prevention?

- A. Administering immunizations.
- B. Conducting vision screening.
- C. Instructing parents about car safety seats.



- D. Screening adolescents for scoliosis.
- E. Developing rehabilitation activities for a child.

Answer: A,C

Explanation: Preventive health maintenance activities may focus on primary prevention, secondary prevention, and tertiary prevention. Primary prevention occurs before illness or injury and attempts to prevent it. Primary prevention includes administering immunizations and instructing parents about car safety seats. Secondary prevention aims to lessen the severity of an illness through early diagnosis and treatment. Examples of secondary prevention include conducting vision screening and screening adolescents for scoliosis. Tertiary prevention aims to prevent deterioration and maintain optimum function. Tertiary prevention measures would include developing rehabilitation activities for a child.

Question No: 43

The number-one cause of blindness in the elderly is:

- A. cataracts.
- B. age-related macular degeneration.
- C. glaucoma.
- D. diabetic retinopathy.

Answer: B

Explanation: About one in three people over age 65 has some form of visual impairment. The number-one cause of loss of vision in this age group is age-related macular degeneration.

Question No: 44

A family nurse practitioner is evaluating a three-year-old child with suspected Henoch-Schönlein purpura (HSP). Which one of the following is NOT true about HSP?

- A. Patients may complain of joint pain.
- B. The purpura is due to thrombocytopenia.
- C. HSP may be associated with abdominal pain.
- D. Microscopic hematuria may be present.

Answer: B

Explanation: HSP is a type of vasculitis seen mostly in children. Patients with HSP often complain of abdominal pain. GI bleeding may also be present as well as joint pains. Patients should also be monitored for renal involvement by checking for hematuria. Purpura typically occurs on the buttocks and lower legs. Patients with HSP do not have thrombocytopenia, but may in fact have thrombocytosis.

Question No: 45

Which one of the following is good advice for a patient with gastroesophageal reflux disease (GERD)?

- A. Take anticholinergics to speed gastric emptying.
- B. Increase fat intake.
- C. Raise the head of the bed on two-inch blocks.
- D. Eat a high-fiber diet.

Answer: D

Explanation: A high-fiber diet is good advice for patients with GERD. Anticholinergic drugs are to be avoided, as they delay gastric emptying and thus would be counterproductive to the management of GERD. Excessive fat intake also delays gastric emptying, and it increases acid secretion in the stomach. Elevating the head of

the bed helps prevent the flow of acid into the lower esophagus during sleep; however, the recommendation for elevation is 6 to 8 inches.

Question No: 46

A family nurse practitioner is instructing a 65-year-old patient on taking psyllium (Metamucil). Which of the following is appropriate advice?

- A. Sprinkle psyllium into a half cup of applesauce, and eat the entire serving.
- B. Take the psyllium dose mixed in one cup of fluid followed by a second glass of fluid.
- C. Psyllium is most effective when taken with a calcium supplement.
- D. The onset of action of psyllium is usually within 30 to 45 minutes.

Answer: B

Explanation: Bulk-forming laxatives such as psyllium (Metamucil) should be taken with a glass of water or other suitable liquid, immediately followed by a second glass. If not taken with enough fluid, it may cause choking or impaction of psyllium in the gastro intestinal tract. It is not necessary to take it with a calcium supplement.

Question No: 47

What is the treatment of choice for a routine tooth abscess?

- A. Extraction of the tooth.
- B. Erythromycin.
- C. Penicillin VK.
- D. Levaquin.

Answer: C

Explanation: The treatment of choice for an uncomplicated tooth abscess is penicillin VK. Erythromycin may also be used if the patient is allergic to penicillin. Extraction of the tooth is not necessary.

Question No: 48

A nurse practitioner is seeing an adult patient with a 72-hour history of fever, cough, and runny nose. Her in-clinic flu test is positive for flu type B. She wants a prescription for antibiotics. Which one of the following would be the best thing to tell her?

- A. "The virus will just have to run its course. Be patient."
- B. "There's just nothing I can do to cure a virus."
- C. "Everybody knows antibiotics are not effective for treating the flu."
- D. "You must feel miserable and I sympathize with you. Let's discuss some things that will relieve your symptoms."

Answer: D

Explanation: It is important maintain therapeutic communication with patients. Answers A, B, and C are nontherapeutic statements because of their defensive nature. Answer A has a punitive tone, implying a punishment of waiting an extra hour for attention. Answer B implies that the patient's problem is not worth the doctor's time. The correct answer, D, is therapeutic because it does not have a negative tone and it reinforces validation of the patient's feelings.

Question No: 49

Which of the following statements is true about an infantile umbilical hernia?

- A. It will most likely require surgical repair.
- B. It will get worse if the baby cries excessively.
- C. The baby should wear a band around the abdomen to keep the hernia "in."
- D. It will heal on its own because it is less than 2 cm in diameter.

Answer: D

Explanation: Umbilical hernias that are less than 2 cm in diameter will heal on their own. It is normal for an umbilical hernia to pouch out when intra-abdominal pressure increases, such as when the baby crying. This does not cause harm and will not cause enlargement of the abdominal wall defect that is present. Wrapping a band around the abdomen will not heal the hernia.

Question No: 50

The family members of a patient with Alzheimer's disease are having difficulty coping with the patient's repetition of questions and phrases. This phenomenon is known as:

- A. perseveration.
- B. denial.
- C. confabulation.
- D. contrivance.

Answer: A

Explanation: Perseveration is a repetitive, involuntary pathologic verbal or motor response to stimuli. It occurs in patients with organic mental disorders such as Alzheimer's disease and other forms of dementia. Repeating the same questions over and over is an example of perseveration. Contrivance refers to development of a clever scheme. By confabulating, a person makes up a plausible story or experience to compensate for memory lapses.

Question No: 51

A nurse practitioner is instructing a newly diagnosed diabetic on the symptoms of hypoglycemia. Which one of the following is NOT a symptom of hypoglycemia?

- A. diaphoresis.
- B. tremors.
- C. hunger.
- D. diplopia.

Answer: D

Explanation: Symptoms of hypoglycemia include hunger, diaphoresis, light-headedness, tremors, nervousness, irritability, sleepiness, and confusion. Opiopia is not a symptom of low blood sugar.

Question No: 52

Which of these choices best describes the classic presentation of viral croup in a toddler?

- A. Drooling and sitting in a tripod position.
- B. Seal-like cough and rhinorrhea.
- C. Fever of 104.5 and cough.
- D. Oxygen saturation of 92% and severe retractions.

Answer: B

Explanation: Croup, also known as viral laryngotracheobronchitis, is associated with subglottic swelling, URI symptoms, and mild to moderate fever. The parainfluenza virus is a common cause. Routine croup is

characterized by normal oxygen saturation and mild, if any, retractions. The hallmark is a barking or seal-like cough. On the other hand, fever of 104.5, tripod position, and drooling are signs of a life-threatening acute airway obstructive bacterial infection known as epiglottitis.

Question No: 53

A nurse practitioner is performing a breast exam on a 44-year-old woman and detects a painless irregular-shaped mass on the right breast. Which one of these findings is most likely to be associated with breast cancer?

- A. Breast lump fixed to muscle or skin.
- B. A tender nodule.
- C. Nodule that feels rubbery.
- D. Lumps in both breasts.

Answer: A

Explanation: Breast cancer masses tend to be unilateral, firm, painless and irregular in shape. As the disease progresses, there may be redness and retraction of the nipple or the skin overlying the mass. A rubbery, smooth consistency is characteristic of a fibroadenoma, which is most common in women in their twenties and thirties.

Question No: 54

A 20-year-old marathon runner is running a race in 100-degree weather, and partway through the race, the runner is unable to continue and complains of severe muscle cramps.

His family immediately takes him to see the family nurse practitioner, who finds that the patient is alert, pale, diaphoretic, and slightly dizzy with skin that is cold and clammy. The patient's temperature is 102° F / 39° C. Which three of the following initial treatments does the family nurse practitioner employ?

- A. Evaporative cooling.
- B. Alcohol baths.
- C. Benzodiazepines and barbiturates.
- D. Oral rehydration with 0.1 % isotonic NaCl solution.
- E. Intravenous (IV) fluids.
- F. Monitor vital signs (VS), temperature, and urinary output.

Answer: A,D,F

Explanation: The patient's symptoms are consistent with heat exhaustion. The initial treatment for heat exhaustion is evaporative cooling. Alcohol baths are no longer recommended, and ice immersion is reserved for severe cases of heat stroke. Oral rehydration with 0.1 % isotonic NaCl solution is given, usually at the rate of four ounces every 15 to 20 minutes, although IV fluids may be given in severe cases or if oral rehydration does not bring about a positive response. The patient's VS, temperature, and urinary output must be carefully monitored.

Question No: 55

The mechanism of injury in a nursemaid's elbow is usually:

- A. pulling.
- B. twisting.
- C. bending.
- D. compression.

Answer: A

Explanation: Nursemaid's elbow (radial head subluxation) is common in toddlers, usually 1 to 4 years of age. When taking a history of the mechanism, it usually reveals that a parent suddenly pulled the child up by the arm as he started to fall. When the nursemaid's elbow is successfully reduced, the radial head relocates into its ligament. The clinician can usually feel a "pop" as it goes back into place.

Question No: 56

A family nurse practitioner is conducting a follow-up visit with a 60-year-old woman who is on Coumadin for a history of deep vein thrombosis originally treated in the hospital. She is in the clinic today for an exam and to have her INR checked. The goal for her INR is:

- A. 1.5 to 2.0.
- B. 2.0 to 3.0.
- C. 3.0 to 4.0.
- D. 4.0 to 4.5.

Answer: B

Explanation: Most anticoagulant treatment is directed toward a goal international normalized ratio (INR) of 2 to 3. An INR over 3 increases risk of bleeding. Specifically, for DVT, a goal of 2.0 to 3.0 drastically reduces the chances of bleeding when compared to having a higher INR without a reduction in effectiveness.

Question No: 57

A 42-year-old man wants to quit smoking. He wants to know the symptoms of nicotine withdrawal. All of the following are symptoms EXCEPT:

- A. difficulty sleeping.
- B. tachycardia.
- C. anxiety.
- D. impotence.

Answer: B

Explanation: Nicotine withdrawal is associated with bradycardia rather than tachycardia. Answers A, C, and D are all symptoms of nicotine withdrawal. Additional symptoms include poor concentration, irritability, depression, restlessness, and weight gain.

Question No: 58

A 68-year-old patient with osteoarthritis of both knees has been treating his chronic pain with acetaminophen 650 mg four times daily and drinks approximately six to eight alcoholic beverages daily. The patient's diet is poor, leading to a weight loss of 10 pounds in the past three months. The patient's mobility is impaired, causing a decreased activity level. The family nurse practitioner compiles a problem list:

1. Chronic pain.
2. Risk of hepatotoxicity.
3. Impaired physical mobility and activity.
4. Risk for imbalanced nutrition.

In which order of priority should the nurse address the patient's problems, from most critical to least critical?

- A. 2, 1, 3, 4
- B. 2, 1, 4, 3
- C. 2, 3, 4, 1

D. 2, 4, 3, 1

Answer: B

Question No: 59

A mother brings her nine-month-old son to see the nurse practitioner for a tight foreskin.

What is the best management approach?

- A. Force the foreskin back under direct physician supervision.
- B. Refer the baby to a urologist.
- C. Advise the mother to retract the foreskin little by little at each diaper change until it loosens.
- D. Explain to the mother that a tight foreskin is normal at this age.

Answer: D

Explanation: The penile foreskin serves a protective function for the glans penis. During the first 12 months of age, nearly all uncircumcised boys will have foreskin that tightly adheres to the glans. By 3 years of age, 90% will retract spontaneously. For some boys, it is normal to achieve retraction by age 5 or 6 years of age. Never forcibly retract the foreskin, as it is painful and may cause infection, phimosis, or paraphimosis.

Question No: 60

Which one of the following is a conjugated vaccine?

- A. Inactivated polio vaccine.
- B. Hepatitis B vaccine.
- C. Hib vaccine.
- D. Acellular pertussis vaccine.

Answer: C

Explanation: Of all the choices given, only Hib (*Haemophilus influenzae*) vaccine is a conjugated vaccine. A conjugated vaccine is made from an altered organism that has been combined with a protein. Conjugation heightens the immune response to the vaccine.

Question No: 61

The rotavirus vaccine is given to children to protect against a potentially severe diarrheal infection. An early version of the vaccine was removed from the market because of its association with:

- A. a high risk of developing the rotavirus infection after vaccination.
- B. a contaminant in the vaccine.
- C. an increased risk of intussusception.
- D. poor development of immunity after vaccination.

Answer: C

Explanation: Rotavirus has long been recognized as a cause of substantial morbidity in pediatric patients from infancy to age five years. An earlier version of the vaccine was taken off the market because of an associated incidence of intussusception, an obstructive condition in which one section of intestine "telescopes" into an adjacent section. Since the introduction of the current vaccine, intussusception rates have not increased beyond the expected range for this age group.

Question No: 62

A family nurse practitioner has given an influenza vaccine to an adult patient. The patient wants to know how long it will take for his body to form antibodies to the virus. The nurse practitioner's answer is: