

AANP Adult-Gerontology Primary Care Nurse Practitioners (AGPCNP) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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

- 1. What dietary approach is recommended for managing hyperlipidemia in older adults?**
 - A. Increase saturated fat**
 - B. Increase fiber intake**
 - C. Limit protein consumption**
 - D. Reduce carbohydrate intake**
- 2. For a patient with Parkinson's disease experiencing hallucinations, what should be the immediate course of action after administration of haloperidol?**
 - A. Decrease the dose of haloperidol**
 - B. Prescribe a more potent neuroleptic**
 - C. Discontinue the haloperidol**
 - D. Add an SSRI**
- 3. Which physical finding indicates a high probability of a herniated lumbar disc?**
 - A. Positive Patrick's sign, decreased thoracolumbar ROM, positive straight-leg raise at 90°**
 - B. Decreased thoracolumbar ROM, positive crossed straight-leg raise, positive straight-leg raise at 30°**
 - C. Negative Patrick's sign, decreased thoracolumbar ROM, positive straight-leg raise at 80°**
- 4. Which condition is characterized by persistent abdominal discomfort and alterations in bowel habits?**
 - A. Diverticulitis**
 - B. IBS**
 - C. Colorectal cancer**
 - D. Hemorrhoids**
- 5. In assessing a patient with anxiety and heart murmur, which test is indicated to evaluate cardiac function?**
 - A. EKG, flat plate of the abdomen, lipid profile**
 - B. Echocardiogram, Doppler, EKG**
 - C. Labs and benzodiazepines**
 - D. EEG, Anxiety Scale, and electrolytes**

- 6. An elderly patient with increased pedal edema and dyspnea shows an ejection fraction of 35%. What is the MOST descriptive diagnosis?**
- A. Congestive heart failure**
 - B. Mitral valve regurgitation**
 - C. Pleural effusion**
 - D. COPD**
- 7. A patient with severe eye pain and diminished vision requires immediate care; what should the nurse practitioner do?**
- A. Administer steroids**
 - B. Complete a comprehensive eye vision test**
 - C. Administer pilocarpine eye drops**
 - D. Refer to an ophthalmologist**
- 8. An elderly resident has a persistent cough and prior negative tuberculosis tests. In addition to a chest X-ray, what is the next best test to order?**
- A. Complete blood count (CBC)**
 - B. Interferon gamma release assay (IGRA)**
 - C. Sputum culture**
 - D. Tuberculin tine test**
- 9. A patient with hypertension on hydrochlorothiazide has a normal serum uric acid level. What should the nurse practitioner do?**
- A. Get a 24-hour urine for uric acid determination**
 - B. Discontinue the hydrochlorothiazide**
 - C. Start allopurinol**
 - D. Continue the patient on the same medication**
- 10. Which opioid medication is the most potent?**
- A. Codeine**
 - B. Morphine**
 - C. Oxycodone**
 - D. Hydromorphone**

Answers

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

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Explanations

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1. What dietary approach is recommended for managing hyperlipidemia in older adults?

- A. Increase saturated fat**
- B. Increase fiber intake**
- C. Limit protein consumption**
- D. Reduce carbohydrate intake**

The recommendation to increase fiber intake is essential for managing hyperlipidemia, especially in older adults. Dietary fiber plays a significant role in cholesterol management since it can help reduce low-density lipoprotein (LDL), commonly known as "bad" cholesterol. Soluble fiber, found in foods such as oats, beans, lentils, fruits, and vegetables, binds to cholesterol and helps remove it from the body. Moreover, an increase in fiber can assist with weight management and improve overall gastrointestinal health, which is crucial in older adults who may be more susceptible to gastrointestinal issues. A high-fiber diet can lead to better satiety, helping individuals control calorie intake and thus support cardiovascular health. The other dietary options presented do not align with the goals of managing hyperlipidemia. Increasing saturated fat could potentially raise cholesterol levels, which would be counterproductive. Limiting protein consumption is not a standard recommendation for managing hyperlipidemia, as adequate protein intake is necessary for maintaining muscle mass and overall health in older adults. Reducing carbohydrate intake could be beneficial in some contexts, but it is not specifically targeted at cholesterol management and may not address the unique dietary needs of older individuals. Therefore, promoting increased fiber intake is a well-supported strategy for improving

2. For a patient with Parkinson's disease experiencing hallucinations, what should be the immediate course of action after administration of haloperidol?

- A. Decrease the dose of haloperidol**
- B. Prescribe a more potent neuroleptic**
- C. Discontinue the haloperidol**
- D. Add an SSRI**

In the management of patients with Parkinson's disease who experience hallucinations, haloperidol, a butyrophenone antipsychotic, can be utilized; however, it is known to have potential adverse effects on motor function and can exacerbate existing Parkinson's symptoms. When a patient receiving haloperidol for hallucinations shows signs of significant side effects or worsening of their condition, the most appropriate immediate action is to discontinue the haloperidol. This decision is supported by the need to prioritize the patient's overall well-being and quality of life, as the risks associated with continuing the medication—such as increased rigidity, bradykinesia, or further hallucinations—may outweigh its benefits in such a patient population. Additionally, this course of action prevents further complications from the antipsychotic, which may not be suitable for individuals with Parkinson's disease due to their sensitivity to dopamine antagonism. In contrast, decreasing the dose could still leave the patient on a medication that may not be well-tolerated, while introducing a more potent neuroleptic may lead to even more severe side effects. Adding an SSRI does not directly address the pharmacologic concerns relating to the current antipsychotic therapy and may complicate the treatment regimen unnecessarily

3. Which physical finding indicates a high probability of a herniated lumbar disc?

A. Positive Patrick's sign, decreased thoracolumbar ROM, positive straight-leg raise at 90°

B. Decreased thoracolumbar ROM, positive crossed straight-leg raise, positive straight-leg raise at 30°

C. Negative Patrick's sign, decreased thoracolumbar ROM, positive straight-leg raise at 80°

A positive crossed straight-leg raise is a significant indicator of a herniated lumbar disc, as it suggests nerve root irritation or compression on the opposite side of the straight leg being raised. This test is particularly indicative of a lumbar disc herniation that is affecting the lumbar nerve roots (usually L4-L5 or L5-S1), making it an important finding when evaluating back pain. Decreased thoracolumbar range of motion further supports the diagnosis, as patients with a herniated disc often exhibit limitations in movement due to pain and muscle guarding. Additionally, a positive straight-leg raise at 30° indicates a high level of sensitivity for lumbar disc herniation as it demonstrates that even a slight elevation of the leg exacerbates symptoms, correlating strongly with nerve root involvement. The combination of these physical findings provides a robust clinical picture supporting the likelihood of a herniated lumbar disc in the patient being assessed.

4. Which condition is characterized by persistent abdominal discomfort and alterations in bowel habits?

A. Diverticulitis

B. IBS

C. Colorectal cancer

D. Hemorrhoids

Irritable Bowel Syndrome (IBS) is characterized by persistent abdominal discomfort along with alterations in bowel habits, such as diarrhea, constipation, or a combination of both. This condition is often diagnosed based on the presence of symptoms rather than through specific tests, as there are no structural abnormalities observable on standard imaging or endoscopy. The hallmark of IBS is a chronic nature of symptoms, with patients often experiencing episodes that may relate to dietary triggers or stress. The abdominal discomfort associated with IBS is typically relieved by bowel movements, which further underscores its distinct nature compared to other gastrointestinal conditions. In contrast, diverticulitis often presents with localized abdominal pain, fever, and changes in bowel habits due to inflammation or infection of diverticula. Colorectal cancer may cause changes in bowel habits as well, but it is usually accompanied by more severe symptoms, including weight loss, bleeding, or a change in stool caliber. Hemorrhoids may lead to discomfort and alterations in bowel habits primarily due to pain or bleeding but do not present with the persistent abdominal discomfort characteristic of IBS. Thus, the defining features of persistent abdominal discomfort combined with changes in bowel habits distinctly align with IBS, making it the correct choice.

5. In assessing a patient with anxiety and heart murmur, which test is indicated to evaluate cardiac function?

- A. EKG, flat plate of the abdomen, lipid profile**
- B. Echocardiogram, Doppler, EKG**
- C. Labs and benzodiazepines**
- D. EEG, Anxiety Scale, and electrolytes**

The echocardiogram, Doppler, and EKG are essential tests for evaluating cardiac function, especially in a patient who presents with both anxiety and a heart murmur. An echocardiogram provides a comprehensive evaluation of the heart's structure and function, allowing for the assessment of cardiac chambers, valves, and any potential abnormalities that might be contributing to the murmur. The Doppler component enables the measurement of blood flow through the heart, which can help identify issues like valvular stenosis or regurgitation. In conjunction with an EKG, which provides information about the electrical activity of the heart, these tests can effectively reveal arrhythmias or other cardiac conditions that could be relevant to the patient's symptoms. The combination of these tests allows for a thorough investigation into both structural and functional aspects of the heart, making it the most appropriate approach for evaluating cardiac function in this scenario.

6. An elderly patient with increased pedal edema and dyspnea shows an ejection fraction of 35%. What is the MOST descriptive diagnosis?

- A. Congestive heart failure**
- B. Mitral valve regurgitation**
- C. Pleural effusion**
- D. COPD**

The diagnosis of congestive heart failure (CHF) is most descriptive in this scenario given the patient's symptoms and clinical findings. An ejection fraction of 35% indicates significant left ventricular dysfunction, which is a common characteristic of heart failure. The symptoms of increased pedal edema and dyspnea align closely with the clinical presentation of heart failure, where fluid overload often results in peripheral edema and pulmonary congestion contributes to dyspnea. Congestive heart failure encompasses the overall syndrome associated with the heart's inability to pump effectively, leading to the retention of fluids and various systemic effects. This patient's decreased ejection fraction highlights the severity of the heart's impaired pumping capability, further supporting the diagnosis of CHF. Other options, while possibly related, do not fully encapsulate the primary issue indicated by the ejection fraction and symptoms. For instance, mitral valve regurgitation is a specific cardiac condition that can lead to heart failure but does not alone account for the patient's broad range of symptoms or the noted ejection fraction. Pleural effusion refers to fluid accumulation in the thoracic cavity and can cause dyspnea but does not explain the reduced ejection fraction or pedal edema. Chronic Obstructive Pulmonary Disease (COPD) primarily affects the lungs and

7. A patient with severe eye pain and diminished vision requires immediate care; what should the nurse practitioner do?

- A. Administer steroids**
- B. Complete a comprehensive eye vision test**
- C. Administer pilocarpine eye drops**
- D. Refer to an ophthalmologist**

In a situation where a patient presents with severe eye pain and diminished vision, the priority is to ensure that the patient receives immediate and appropriate care, which is best achieved through referral to an ophthalmologist. Severe eye pain and vision changes can indicate serious conditions such as retinal detachment, glaucoma, or other ocular emergencies that require specialized assessment and treatment. While performing a comprehensive eye vision test may seem like a reasonable step, it is not the most immediate action in the face of potential vision-threatening conditions. Similarly, employing treatments such as administering steroids or pilocarpine eye drops can be inappropriate without a clear diagnosis and could potentially worsen the patient's condition or mask underlying issues. Referring the patient to an ophthalmologist ensures that they receive expert care promptly, allowing for a thorough examination and the necessary interventions to address the underlying problem effectively.

8. An elderly resident has a persistent cough and prior negative tuberculosis tests. In addition to a chest X-ray, what is the next best test to order?

- A. Complete blood count (CBC)**
- B. Interferon gamma release assay (IGRA)**
- C. Sputum culture**
- D. Tuberculin tine test**

In this scenario, where an elderly resident presents with a persistent cough and has had prior negative tuberculosis tests, ordering an Interferon gamma release assay (IGRA) is a crucial next step after the chest X-ray. IGRA is a blood test that detects the immune response to specific TB antigens, making it a valuable tool for diagnosing latent tuberculosis infection (LTBI) in individuals who have been exposed to the bacteria but do not exhibit active disease. The use of IGRA is particularly beneficial in this case because it has higher specificity and sensitivity compared to traditional methods, such as the tuberculin skin test (TST), especially in populations like the elderly, who may not mount a strong immune response. Furthermore, IGRA does not require a follow-up visit for reading, unlike the TST, making it more practical in many clinical settings. In contrast, while a Complete Blood Count (CBC) may provide insight into the overall health of the patient, it is not specific for diagnosing tuberculosis. Sputum cultures, although useful for identifying active TB by detecting the bacteria, are more appropriate if the suspicion for active TB is high based on clinical findings and imaging results. The tuberculin tine test is also less favorable in this context due to

9. A patient with hypertension on hydrochlorothiazide has a normal serum uric acid level. What should the nurse practitioner do?

- A. Get a 24-hour urine for uric acid determination**
- B. Discontinue the hydrochlorothiazide**
- C. Start allopurinol**
- D. Continue the patient on the same medication**

In the scenario presented, the most appropriate action is to continue the patient on the same medication, hydrochlorothiazide. This is because the patient currently demonstrates a normal serum uric acid level, which indicates that there is no hyperuricemia or gout at this time. Hydrochlorothiazide is a thiazide diuretic often used for managing hypertension, and it can actually increase uric acid levels in some patients. However, as long as the patient's uric acid levels remain within the normal range and there are no symptoms of gout or elevated uric acid levels, there is no need to make any changes to the medication regimen. Monitoring is typically recommended for patients on thiazide diuretics, but without any indication of elevated uric acid levels or gout, the patient's current treatment plan can be safely continued. This approach helps maintain blood pressure control while minimizing unnecessary medication changes or interventions that may not be warranted based on the patient's current status.

10. Which opioid medication is the most potent?

- A. Codeine**
- B. Morphine**
- C. Oxycodone**
- D. Hydromorphone**

Hydromorphone is recognized as the most potent opioid medication among the options provided. Its potency is significantly higher than that of codeine, morphine, and oxycodone, which is why it is often prescribed in lower doses to achieve effective pain management. Hydromorphone, a semisynthetic opioid, is approximately 5 to 10 times stronger than morphine, making it an effective choice for patients who require opioid therapy but are resistant to lower-potency medications. This potency allows for more effective pain relief in patients with severe pain or those requiring a higher level of analgesia due to their condition. In contrast, while codeine, morphine, and oxycodone are effective pain relievers in their own right, they do not reach the same level of potency as hydromorphone. Codeine is often considered much less potent and is usually metabolized to morphine in the body, which limits its effectiveness for moderate to severe pain. Morphine serves as a standard comparison point in opioid potency, but hydromorphone's favorable potency allows for reduced dosing to achieve similar or superior pain relief. Oxycodone is also a strong analgesic, but it is not as potent on a milligram-to-milligram

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://aanpagpcnp.examzify.com>

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