

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

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## 1. Start with a Diagnostic Review

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## 2. Study in Short, Focused Sessions

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## 3. Learn from the Explanations

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## 4. Track Your Progress

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## 5. Simulate the Real Exam

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## 6. Repeat and Review

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## **Questions**

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- 1. Before starting a thiazide diuretic for a patient with hypertension, which baseline data is crucial to obtain?**
  - A. Chest X-ray**
  - B. Electrolytes**
  - C. Urinalysis**
  - D. EKG**
- 2. What is the most likely suspected diagnosis in an elderly patient with a progressive decline in cognitive status?**
  - A. An occult infection**
  - B. Myocardial infarction**
  - C. Alzheimer's dementia**
  - D. Subdural hematoma**
- 3. A 66-year-old patient presents with bilateral otitis media with effusion and white patches in the mouth. What should the patient be evaluated for?**
  - A. Lichen planus**
  - B. HIV infection**
  - C. Lymphoma**
- 4. A 26-year-old presents with systemic symptoms including night sweats and cough. What is the first diagnostic study to perform?**
  - A. X-ray**
  - B. Pulmonary function test**
  - C. Bronchoscopy**
  - D. Hemoglobin and hematocrit**
- 5. What is the first step in evaluating a syncopal episode in a young adult female who fainted while preparing to put on makeup?**
  - A. Radiographic testing**
  - B. A detailed health history**
  - C. A complete physical examination**
  - D. Laboratory testing**

**6. Which medication class is commonly prescribed for managing osteoporosis in postmenopausal women?**

- A. Antibiotics**
- B. Bisphosphonates**
- C. Analgesics**

**7. A patient presents with unilateral ear pain and nasal congestion. What should the nurse practitioner expect to find on the tuning fork test?**

- A. Weber test shows lateralization to the left**
- B. Air conduction threshold is greater than bone conduction on the left**
- C. Air conduction threshold is less than bone conduction on the right**
- D. Weber test shows lateralization to the right**

**8. A nurse practitioner is examining a patient with hand pain after falling on an outstretched hand. What is the appropriate follow-up evaluation?**

- A. Place the wrist in a universal wrist splint for 6 weeks**
- B. Check for full ROM in 3 days**
- C. Evaluate strength return in 1 week**
- D. X-ray the wrist again in 2 weeks**

**9. A 44-year-old female has frequent anxiety attacks and a heart murmur. What should be included in her further evaluation?**

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

**10. A female patient is diagnosed with urge urinary incontinence. What is the most appropriate management for her?**

- A. Urinating frequently to avoid urgency**
- B. Bladder retraining**
- C. Wearing protective garments**
- D. Reducing fluid intake to four 8-oz glasses a day**

## **Answers**

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

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## **Explanations**

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**1. Before starting a thiazide diuretic for a patient with hypertension, which baseline data is crucial to obtain?**

- A. Chest X-ray**
- B. Electrolytes**
- C. Urinalysis**
- D. EKG**

Obtaining baseline electrolyte levels is crucial before initiating a thiazide diuretic in a patient with hypertension, as these medications can significantly affect the body's electrolyte balance—particularly sodium and potassium. Thiazide diuretics are known for causing hyponatremia (low sodium levels) and hypokalemia (low potassium levels). By assessing the patient's electrolyte levels prior to starting the medication, the healthcare provider can identify any pre-existing imbalances and monitor for potential electrolyte disturbances after treatment initiation. This proactive approach helps inform appropriate management strategies to mitigate adverse effects. While other assessments such as a chest X-ray, urinalysis, and EKG may provide valuable clinical information, they are not specifically essential for determining the safety and effectiveness of starting a thiazide diuretic. The emphasis here is particularly on electrolyte balance due to the pharmacological effects of thiazides, which is why monitoring electrolytes is prioritized in clinical practice.

**2. What is the most likely suspected diagnosis in an elderly patient with a progressive decline in cognitive status?**

- A. An occult infection**
- B. Myocardial infarction**
- C. Alzheimer's dementia**
- D. Subdural hematoma**

The most likely suspected diagnosis of Alzheimer's dementia in an elderly patient with a progressive decline in cognitive status is grounded in the characteristic features of this condition. Alzheimer's dementia is the most common form of dementia, particularly in older adults, and is characterized by gradual and progressive memory loss, language difficulties, and changes in behavior and personality. In elderly patients, the differential diagnosis for cognitive decline is broad, but the gradual nature of the decline, as described, strongly aligns with Alzheimer's disease. This condition is typically insidious, with symptoms that often first manifest as forgetfulness or confusion followed by cognitive impairment that interferes with daily living activities. Other conditions listed, such as occult infection and subdural hematoma, while they can lead to cognitive changes, tend to cause more acute changes in mental status. An occult infection may present with confusion or delirium but usually has other accompanying symptoms, such as fever or signs of infection. A subdural hematoma could lead to rapid cognitive decline, but it is usually associated with a specific history of trauma or bleeding tendencies. Myocardial infarction primarily causes cardiovascular symptoms rather than directly impacting cognitive function unless it leads to significant systemic involvement or post-cardiac complications. Therefore, when considering the typical presentation of cognitive

**3. A 66-year-old patient presents with bilateral otitis media with effusion and white patches in the mouth. What should the patient be evaluated for?**

- A. Lichen planus**
- B. HIV infection**
- C. Lymphoma**

The presence of bilateral otitis media with effusion along with white patches in the mouth raises a concern for possible underlying immunosuppression or infection. Evaluating for HIV infection is particularly pertinent in this context, as the combination of these symptoms can suggest opportunistic infections or conditions associated with immunocompromised states. Specifically, oral lesions such as white patches could represent oral candidiasis, a common manifestation in individuals with weakened immune systems, including those with HIV/AIDS. In older adults, it is important to consider signs that may indicate a compromised immune system, and the patient's age coupled with the presented symptoms point towards the need for an evaluation for HIV. This assessment can guide further management and treatment to ensure comprehensive care for the patient.

**4. A 26-year-old presents with systemic symptoms including night sweats and cough. What is the first diagnostic study to perform?**

- A. X-ray**
- B. Pulmonary function test**
- C. Bronchoscopy**
- D. Hemoglobin and hematocrit**

In the case of a 26-year-old presenting with systemic symptoms such as night sweats and cough, the most appropriate initial diagnostic study to perform is a chest X-ray. This imaging study is crucial for evaluating potential pulmonary causes of the patient's symptoms, particularly conditions like pneumonia, tuberculosis, or malignancies that could be contributing to the cough and night sweats. A chest X-ray provides a quick, non-invasive way to assess for abnormalities in the lungs and can help identify areas of infection, masses, or other pathological changes that may require further investigation. Following the X-ray, if there are concerning findings, additional tests such as high-resolution CT scans or bronchoscopy could be warranted for a more detailed evaluation. Other options, such as pulmonary function tests, would not be as immediate or relevant given the presence of acute systemic symptoms and are typically used to assess chronic respiratory conditions like asthma or COPD rather than acute infections. Bronchoscopy is an invasive procedure usually reserved for cases where there is a need for direct visualization or sampling of the airway and is not the first-line study for this clinical scenario. Hemoglobin and hematocrit tests focus on overall blood health and would not provide the necessary information regarding lung pathology in the context of the presenting symptoms.

**5. What is the first step in evaluating a syncopal episode in a young adult female who fainted while preparing to put on makeup?**

- A. Radiographic testing**
- B. A detailed health history**
- C. A complete physical examination**
- D. Laboratory testing**

The first step in evaluating a syncopal episode in a young adult female is conducting a detailed health history. This initial assessment is crucial as it provides valuable context about the patient's medical history, potential triggers for the fainting episode, and associated symptoms. Understanding factors such as the timing of the syncopal event, any preceding symptoms like palpitations, dizziness, or nausea, as well as potential risk factors such as family history of syncopal events, medication use, or other health conditions can guide further diagnostic steps. Following the health history, a physical examination can further assess the patient's overall health and check for any immediate issues that might have contributed to the syncope. While laboratory and radiographic testing may become necessary based on findings from the history and physical exam, they are not the first approach in a standard evaluation. Thus, gathering a thorough health history is a foundational step in identifying potential causes and determining the most appropriate follow-up assessments.

**6. Which medication class is commonly prescribed for managing osteoporosis in postmenopausal women?**

- A. Antibiotics**
- B. Bisphosphonates**
- C. Analgesics**

Bisphosphonates are the medication class that is commonly prescribed for managing osteoporosis in postmenopausal women due to their efficacy in reducing the risk of fractures. They work by inhibiting osteoclasts, the cells responsible for bone resorption, thereby helping to maintain or increase bone density. This is particularly important in postmenopausal women, who experience a rapid decrease in bone density due to reduced estrogen levels. In contrast, antibiotics are used to treat bacterial infections and have no role in osteoporosis management. Analgesics are primarily used for pain relief and do not address bone density loss or the underlying processes of osteoporosis. Therefore, the use of bisphosphonates is essential in osteoporosis management, particularly in populations at increased risk, such as postmenopausal women.

**7. A patient presents with unilateral ear pain and nasal congestion. What should the nurse practitioner expect to find on the tuning fork test?**

- A. Weber test shows lateralization to the left**
- B. Air conduction threshold is greater than bone conduction on the left**
- C. Air conduction threshold is less than bone conduction on the right**
- D. Weber test shows lateralization to the right**

In evaluating a patient with unilateral ear pain and nasal congestion, it's important to consider the implications of the tuning fork test, particularly the Weber test. When the Weber test shows lateralization to one side, it suggests a conductive hearing loss in the ear to which the sound lateralizes, or a sensorineural hearing loss in the opposite ear. In this clinical scenario, the patient's symptoms of ear pain and nasal congestion could suggest a condition such as otitis media or Eustachian tube dysfunction. These conditions are commonly associated with conductive hearing loss. If the Weber test indicates the sound is heard louder in the affected ear (the ear with the symptoms), it supports the diagnosis of conductive hearing loss on that side. Therefore, if the Weber test lateralizes to the left, this suggests there is likely some level of conductive issue or obstruction affecting the left ear, which correlates with the unilateral ear pain. Understanding this helps differentiate the type of hearing loss present in the patient, guiding appropriate management for their condition.

**8. A nurse practitioner is examining a patient with hand pain after falling on an outstretched hand. What is the appropriate follow-up evaluation?**

- A. Place the wrist in a universal wrist splint for 6 weeks**
- B. Check for full ROM in 3 days**
- C. Evaluate strength return in 1 week**
- D. X-ray the wrist again in 2 weeks**

The appropriate follow-up evaluation involves repeating an X-ray of the wrist in 2 weeks. This follow-up is essential to assess for any potential complications that may not have been immediately evident after the initial injury. Common complications from a fall on an outstretched hand can include fractures, particularly of the scaphoid bone, which can result in delayed healing or non-union if not properly identified and managed. Re-evaluating with an X-ray will help determine if there are any fractures that may have been missed initially, as certain fractures may not be visible on the first set of X-rays due to swelling or incomplete ossification. This is critical in patients who present with ongoing pain or significant risk factors for fractures. In comparison, other follow-up options, such as checking range of motion or strength, might assess recovery but do not directly evaluate for potential fractures that require specific treatment. Placing the wrist in a universal splint may provide initial support but does not constitute an evaluation to monitor the progression or healing of any underlying injury, nor does it address the risk of missed fractures. Thus, the focus on radiographic evaluation after an appropriate interval is vital for ensuring that any complications are caught early.

**9. A 44-year-old female has frequent anxiety attacks and a heart murmur. What should be included in her further evaluation?**

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

The inclusion of an echocardiogram, Doppler, and EKG in the evaluation of a 44-year-old female with anxiety attacks and a heart murmur is appropriate as these tests are critical for assessing any underlying cardiac issues that may be associated with her symptoms. The echocardiogram is particularly useful in visualizing cardiac structures and function, helping to identify any potential valvular abnormalities or structural heart diseases that might explain the heart murmur. The Doppler assessment provides valuable information about blood flow across the heart valves and can help determine if there is turbulence or any other anomalies associated with the murmur. The EKG complements these tests by evaluating the electrical activity of the heart, which can reveal potential arrhythmias or other electrical disturbances that might contribute to the patient's episodes of anxiety or palpitations. Other options, while they may include relevant aspects of patient care, do not provide a comprehensive evaluation for the symptoms presented. For instance, conducting a flat plate of the abdomen and lipid profile would not specifically address the heart murmur or anxiety attacks. Labs and benzodiazepines focus primarily on managing anxiety symptoms without assessing potential cardiac issues. Similarly, an EEG and anxiety scale would help evaluate the mental health aspect but would neglect the equally

**10. A female patient is diagnosed with urge urinary incontinence. What is the most appropriate management for her?**

- A. Urinating frequently to avoid urgency**
- B. Bladder retraining**
- C. Wearing protective garments**
- D. Reducing fluid intake to four 8-oz glasses a day**

Bladder retraining is the most appropriate management for a patient diagnosed with urge urinary incontinence. This approach involves techniques designed to help the patient regain control over their bladder. The core of bladder retraining is to gradually increase the time intervals between voiding, which helps to reduce the frequency of urine leaks by training the bladder to hold its contents for longer periods. This method targets the underlying issue of overactive bladder by retraining the patient's response to urgency. Urinating frequently simply to avoid urgency can create a habit that may worsen incontinence, as it does not address the brain-bladder communication problem. Wearing protective garments may provide temporary relief from incontinence symptoms but does not treat the condition or its underlying causes. Reducing fluid intake to only four 8-ounce glasses daily may lead to dehydration and may not address the bladder's hyperactive behavior effectively; it could also result in concentrated urine, possibly exacerbating irritation and urgency. Thus, bladder retraining is the most effective long-term strategy for managing urge urinary incontinence.

# 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](mailto: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!**

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