

Acute Care Nurse Practitioner Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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

- 1. What are the benefits of using DMPA as a contraceptive?**
 - A. Requires monthly administration**
 - B. Increases risk of endometrial cancer**
 - C. No estrogen-related side effects**
 - D. Promotes excessive menstrual bleeding**
- 2. Which of the following is an advantage of using the sponge for contraception?**
 - A. It can be left in the vagina indefinitely**
 - B. It can be inserted up to 6 hours before intercourse**
 - C. It is a permanent method of contraception**
 - D. It is less expensive than condoms**
- 3. What is a common symptom of herpes zoster?**
 - A. Fever only**
 - B. Pain along a dermatomal distribution**
 - C. Itching without pain**
 - D. Widespread rashes on the body**
- 4. According to prescriptive guidelines, when is a pregnancy test required for Depo Provera?**
 - A. If more than 1 week since the last injection**
 - B. If more than 2 weeks since the three-month period ended**
 - C. If it is the first injection**
 - D. It is never required**
- 5. What is a nonpharmacological management method for acne?**
 - A. Use of topical steroids**
 - B. Washing several times daily with soap and water**
 - C. Application of oil-based products**
 - D. Taking oral antibiotics**

- 6. Which type of agents are considered comedolytic for acne treatment?**
- A. Topical steroids**
 - B. Antihistamines**
 - C. Benzoyl peroxide and salicylic acid**
 - D. Oral contraceptives**
- 7. What condition is characterized by tender adenexa and positive cervical motion tenderness during a physical exam?**
- A. Miscarriage**
 - B. Ectopic pregnancy**
 - C. Ovarian cyst**
 - D. Placenta previa**
- 8. What type of skin condition might be classified as a bulla?**
- A. Contact dermatitis**
 - B. Sebaceous cyst**
 - C. Pustule**
 - D. Hives**
- 9. What is the primary component of Implanon?**
- A. Levonorgestrel**
 - B. Estrogen**
 - C. Progestin**
 - D. Progesterone**
- 10. What is the most common initial treatment for squamous cell carcinoma?**
- A. Radiation therapy**
 - B. Biopsy and surgical excision**
 - C. Topical chemotherapy**
 - D. Observation over time**

Answers

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

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Explanations

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1. What are the benefits of using DMPA as a contraceptive?

- A. Requires monthly administration**
- B. Increases risk of endometrial cancer**
- C. No estrogen-related side effects**
- D. Promotes excessive menstrual bleeding**

DMPA, or Depo-Provera, is a form of hormonal contraceptive that contains the synthetic progestin medroxyprogesterone acetate. One of the primary benefits of using DMPA is its lack of estrogen-related side effects, making it particularly suitable for individuals who may be sensitive to estrogen or who cannot use estrogen-containing contraceptives for medical reasons. This non-estrogen approach helps minimize risks associated with estrogen, such as thromboembolism, stroke, and certain cancers. The administration schedule of DMPA, which occurs every three months, also distinguishes it from other contraceptive methods that require more frequent administration. Unlike the options that suggest associations with adverse effects, the key benefit focuses on its ability to provide effective contraception without the complications that may arise from estrogen. Through this understanding, it's evident why the assertion of no estrogen-related side effects is a significant advantage of DMPA in contraceptive choices.

2. Which of the following is an advantage of using the sponge for contraception?

- A. It can be left in the vagina indefinitely**
- B. It can be inserted up to 6 hours before intercourse**
- C. It is a permanent method of contraception**
- D. It is less expensive than condoms**

The sponge as a method of contraception has several benefits, one of which is the ability to be inserted up to six hours prior to sexual intercourse. This allows for greater flexibility and spontaneity for couples, as they do not need to time the insertion of the contraceptive device immediately before intercourse. It is designed to provide continuous protection against pregnancy during that duration, making it a convenient option for added sexual freedom. The other options present characteristics that do not accurately describe the sponge. For instance, the sponge cannot be left in the vagina indefinitely; it is recommended to be removed after a maximum of 30 hours. It is also not a permanent method of contraception—as it is a barrier method that needs to be used with each sexual act. Furthermore, while cost is an important consideration, the sponge's price may vary based on where it is purchased, but in many contexts, condoms can also be economical. Thus, the ability to insert the sponge up to six hours in advance stands out as a significant advantage.

3. What is a common symptom of herpes zoster?

- A. Fever only
- B. Pain along a dermatomal distribution**
- C. Itching without pain
- D. Widespread rashes on the body

Pain along a dermatomal distribution is a hallmark symptom of herpes zoster, commonly known as shingles. This condition arises from the reactivation of the varicella-zoster virus, which also causes chickenpox. After an individual has chickenpox, the virus lies dormant in the nerve roots and can reactivate later in life, leading to herpes zoster. The pain usually occurs in a specific area of skin that corresponds to a particular dermatome, which is an area of skin supplied by a single spinal nerve root. Patients often describe this pain as burning, sharp, or throbbing and may precede the appearance of the characteristic rash. This pain is typically unilateral and is associated with the subsequent development of grouped vesicular lesions that also follow the dermatomal pattern. Understanding this symptom is crucial for the diagnosis and management of herpes zoster, as prompt treatment can help alleviate symptoms and reduce the risk of complications such as postherpetic neuralgia. Other options such as fever only, itching without pain, or widespread rashes do not accurately represent the primary clinical presentation of herpes zoster. While some patients may experience mild fever and a rash, the specific pain along a dermatomal distribution is the defining characteristic that aids in identifying this condition.

4. According to prescriptive guidelines, when is a pregnancy test required for Depo Provera?

- A. If more than 1 week since the last injection
- B. If more than 2 weeks since the three-month period ended**
- C. If it is the first injection
- D. It is never required

The requirement for a pregnancy test before administering Depo Provera is generally based on the interval since the last injection. If more than two weeks have passed since the recommended three-month interval for the injection, a pregnancy test is warranted. This ensures that the patient is not pregnant before receiving the next dose, as the risk of fetal harm can increase if Depo Provera is administered during an existing pregnancy. This guideline emphasizes the importance of proper timing for injections to maintain contraceptive efficacy. When the injection schedule is adhered to within the three-month timeframe, the need for a pregnancy test is not necessary. However, if the patient is beyond the two-week window after the three-month period, the provider needs to confirm that the patient is not pregnant before proceeding with additional administration of the hormone to avoid potential health risks.

5. What is a nonpharmacological management method for acne?

A. Use of topical steroids

B. Washing several times daily with soap and water

C. Application of oil-based products

D. Taking oral antibiotics

Washing several times daily with soap and water is an effective nonpharmacological management method for acne. This practice helps to remove excess oil, dirt, and dead skin cells from the surface of the skin, which can contribute to the formation of acne lesions. It is essential to use gentle, non-comedogenic (non-pore-clogging) cleansers to avoid further irritation, especially since aggressive scrubbing or harsh soaps can exacerbate the condition by causing skin irritation or increasing oil production. Other options like the use of topical steroids, application of oil-based products, and taking oral antibiotics are all pharmacological approaches. Topical steroids can reduce inflammation but are not a standard treatment for acne and can sometimes worsen the condition if used improperly. Oil-based products can lead to clogged pores and worsen acne, while oral antibiotics are used to manage acne but involve medication rather than a nonpharmacological approach. Therefore, the practice of washing the face appropriately aligns with nonpharmacological strategies for acne management.

6. Which type of agents are considered comedolytic for acne treatment?

A. Topical steroids

B. Antihistamines

C. Benzoyl peroxide and salicylic acid

D. Oral contraceptives

Benzoyl peroxide and salicylic acid are considered comedolytic agents because they specifically target the development and presence of comedones, which are clogged hair follicles that contribute to acne formation. Comedolytic agents work by promoting the turnover of skin cells and preventing the blockage of pores. Benzoyl peroxide not only helps in reducing inflammation but also has antibacterial properties, while salicylic acid penetrates the pores to dissolve debris and dead skin cells. In contrast, topical steroids primarily work by reducing inflammation and may not act directly on comedones. Antihistamines are typically used to manage allergic reactions and do not play a role in treating acne. Oral contraceptives can help regulate hormones that may contribute to acne but are not classified as comedolytic agents. Thus, benzoyl peroxide and salicylic acid are specifically recognized in dermatology for their efficacy in managing comedonal acne.

7. What condition is characterized by tender adenexa and positive cervical motion tenderness during a physical exam?

- A. Miscarriage**
- B. Ectopic pregnancy**
- C. Ovarian cyst**
- D. Placenta previa**

The condition characterized by tender adenexa and positive cervical motion tenderness during a physical exam is ectopic pregnancy. In an ectopic pregnancy, the implantation of the fertilized ovum occurs outside the uterine cavity, often in the fallopian tube. This results in symptoms such as abdominal or pelvic pain, and physical examination may reveal tenderness in the adnexa (the area surrounding the uterus, including the ovaries and fallopian tubes). Cervical motion tenderness is an important clinical finding, often suggesting inflammation or irritation in the pelvic area, which is common in ectopic pregnancies as the surrounding tissues may become inflamed due to the growing ectopic tissue. These signs are significant in the assessment of a patient with suspected ectopic pregnancy, highlighting the critical nature of the condition and the need for prompt evaluation and management to prevent complications such as rupture.

8. What type of skin condition might be classified as a bulla?

- A. Contact dermatitis**
- B. Sebaceous cyst**
- C. Pustule**
- D. Hives**

A bulla is a large fluid-filled blister that can form on the skin or mucous membranes, typically exceeding 0.5 centimeters in diameter. Understanding this classification requires an appreciation of the types of skin lesions commonly encountered in clinical practice. Contact dermatitis is a skin inflammation that occurs when the skin comes into contact with an irritant or allergen. One of the possible manifestations of contact dermatitis can include the development of bullae. These lesions result from the accumulation of fluid between layers of the skin, often prompting a blister-like appearance that can be quite large. In contrast, a sebaceous cyst is a closed sac under the skin filled with a mixture of skin oils and debris, which does not present itself as a blister but rather as a lump. While both hives (urticaria) and pustules (which are small bumps on the skin containing pus) can also occur in inflammatory processes, they do not fit the definition of a bulla, as they are characteristically different in structure and size. Recognizing the nature of contact dermatitis and its potential to lead to the formation of bullae provides essential context for understanding larger skin lesions that can arise from various inflammatory conditions.

9. What is the primary component of Implanon?

- A. Levonorgestrel
- B. Estrogen
- C. Progestin**
- D. Progesterone

Implanon is a subdermal contraceptive implant that primarily contains progestin, specifically etonogestrel, which is a derivative of progesterone. Progestin plays a crucial role in providing long-term contraception as it suppresses ovulation, thickens cervical mucus, and thins the endometrial lining, thereby preventing pregnancy. While levonorgestrel and progesterone are related concepts—levonorgestrel being another form of progestin and progesterone being a natural hormone—Implanon's formulation is specifically designed to utilize progestin's contraceptive effects without the inclusion of estrogen. This makes it a suitable option for various populations, especially those who cannot take estrogen due to medical reasons or personal preferences. Understanding the mechanism and function of the components within contraceptive methods is essential for ensuring appropriate patient education and guidance in selecting the right contraceptive method based on individual health needs.

10. What is the most common initial treatment for squamous cell carcinoma?

- A. Radiation therapy
- B. Biopsy and surgical excision**
- C. Topical chemotherapy
- D. Observation over time

The most common initial treatment for squamous cell carcinoma typically involves biopsy and surgical excision. This approach serves multiple purposes: it confirms the diagnosis through histological examination, determines the characteristics of the tumor, and allows for the removal of cancerous tissue to prevent further spread. In many cases, squamous cell carcinoma, especially when detected early, can be excised completely, which often leads to a good prognosis. Surgical excision aims to ensure clear margins around the tumor to reduce the risk of recurrence. While radiation therapy can be an effective treatment in certain scenarios, it is more commonly used for cases where surgery is not an option or for palliative care. Topical chemotherapy is mainly used for superficial or non-invasive lesions rather than more advanced carcinoma. Observation may be considered in cases of very low-risk lesions, but it is not the standard initial approach for squamous cell carcinoma, where intervention is typically required to manage the disease effectively.

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://acutecarenursepractitioner.examzify.com>

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