

ACUTE CARE NURSE PRACTITIONER CERTIFICATION PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Which medication is NOT commonly used in the pharmacological management of shingles?**
 - A. Acyclovir
 - B. Valacyclovir
 - C. Ibuprofen
 - D. Famciclovir

- 2. What is the purpose of conducting a glucose tolerance test around 20 weeks of gestation?**
 - A. To screen for gestational diabetes
 - B. To assess fetal heart function
 - C. To evaluate potential birth defects
 - D. To monitor blood pressure

- 3. What is the purpose of administering corticosteroids, such as B-methasone, to a patient with preeclampsia?**
 - A. To reduce blood pressure
 - B. To enhance fetal lung maturity
 - C. To decrease maternal weight gain
 - D. To alleviate headache symptoms

- 4. What percentage represents the typical first-year failure rate of oral contraceptives?**
 - A. 5.0%
 - B. 4.7%
 - C. 3.0%
 - D. 2.5%

- 5. What tests are commonly performed during the second trimester?**
 - A. Blood pressure and glucose tests
 - B. Triple or quad screen and an ultrasound for fetal survey
 - C. Amniocentesis and genetic testing
 - D. Vitamin D and calcium levels

- 6. What is a common disadvantage associated with IUDs?**
- A. Uncomfortable placement procedure
 - B. No menstrual symptoms
 - C. Pain and cramping may occur
 - D. Low failure rate
- 7. What is one possible effect of an estrogen-dependent neoplasia?**
- A. Cardiovascular accident
 - B. Hirsutism
 - C. Adenocarcinoma
 - D. Dysmenorrhea
- 8. Which term describes a localized elevation that contains purulent fluid and may indicate infection?**
- A. Cyst
 - B. Abscess
 - C. Bulla
 - D. Wheal
- 9. What is a common treatment for pityriasis rosea?**
- A. Topical antibiotics
 - B. Oral antihistamines
 - C. Intravenous steroid therapy
 - D. Systemic immunosuppressants
- 10. What is typically used to manage candida intertrigo?**
- A. Antibiotics exclusively
 - B. Drying agents like talc and cornstarch
 - C. Barrier creams
 - D. Moisturizing ointments

Answers

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

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Explanations

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1. Which medication is NOT commonly used in the pharmacological management of shingles?

- A. Acyclovir
- B. Valacyclovir
- C. Ibuprofen**
- D. Famciclovir

The correct choice highlights that ibuprofen is not primarily used for the pharmacological management of shingles. Shingles, or herpes zoster, is caused by the reactivation of the varicella-zoster virus, and the mainstay of treatment includes antiviral medications. Acyclovir, valacyclovir, and famciclovir are all antiviral agents specifically indicated to reduce the severity and duration of shingles. These medications work effectively against the herpes virus and are critical in managing viral replication and associated symptoms. Ibuprofen, while it may be used to alleviate pain and inflammation associated with shingles, does not target the underlying viral infection. As a nonsteroidal anti-inflammatory drug (NSAID), ibuprofen may help with symptomatic relief, but it does not have antiviral properties. Consequently, it is not classified under the main pharmacological treatments for shingles. Thus, it is accurate to identify ibuprofen as not commonly used in the direct pharmacological management of shingles, particularly when compared to the antiviral medications that are essential in therapy.

2. What is the purpose of conducting a glucose tolerance test around 20 weeks of gestation?

- A. To screen for gestational diabetes**
- B. To assess fetal heart function
- C. To evaluate potential birth defects
- D. To monitor blood pressure

Conducting a glucose tolerance test around 20 weeks of gestation serves the primary purpose of screening for gestational diabetes. During pregnancy, hormonal changes can increase insulin resistance, making some women prone to hyperglycemia. The glucose tolerance test helps to identify those who may develop gestational diabetes, allowing for early intervention and management to reduce risks to both the mother and the developing fetus. Early detection is crucial as gestational diabetes can lead to complications such as large birth weight, increased risk of cesarean delivery, and potential for glucose intolerance later in life for both mother and child. The other options do not align with the purpose of this test. Assessing fetal heart function is typically done through methods like non-stress tests or fetal heart rate monitoring, rather than a glucose tolerance test. Evaluating potential birth defects involves imaging techniques or specific blood tests aimed at identifying anomalies, not glucose testing. Monitoring blood pressure can be done via routine clinical assessments and is not related to the glucose tolerance test, focusing instead on conditions like preeclampsia. Thus, the glucose tolerance test is specifically tailored to address the risk of gestational diabetes during pregnancy.

3. What is the purpose of administering corticosteroids, such as B-methasone, to a patient with preeclampsia?

- A. To reduce blood pressure
- B. To enhance fetal lung maturity**
- C. To decrease maternal weight gain
- D. To alleviate headache symptoms

Administering corticosteroids like betamethasone to a patient with preeclampsia primarily aims to enhance fetal lung maturity. Preeclampsia often leads to considerations regarding preterm delivery to protect both maternal and fetal health. By administering corticosteroids, healthcare providers can accelerate the development of the fetal lungs, which is crucial in reducing the incidence and severity of neonatal respiratory distress syndrome. Corticosteroids stimulate the production of surfactant in the fetal lungs, facilitating better gas exchange. This is particularly important when preterm delivery may be necessary due to the complications associated with preeclampsia. The benefit of promoting lung maturity significantly impacts neonatal outcomes, making this intervention a critical component of care in such scenarios. The other options do not directly relate to the primary objectives of corticosteroid administration in preeclampsia. Reducing blood pressure is typically managed with other medications, while decreasing maternal weight gain isn't a direct therapeutic goal in managing preeclampsia. Alleviating headache symptoms may be relevant in the context of managing preeclampsia, but corticosteroids are not specifically indicated for that purpose. Thus, enhancing fetal lung maturity stands as the most relevant and significant purpose for administering corticosteroids in this

4. What percentage represents the typical first-year failure rate of oral contraceptives?

- A. 5.0%
- B. 4.7%
- C. 3.0%**
- D. 2.5%

The typical first-year failure rate of oral contraceptives is approximately 3.0%, which is based on statistical data that considers both typical and perfect use of these contraceptives. This statistic is significant because it reflects the efficacy of oral contraceptives in preventing pregnancy when used as directed. The failure rate represents the proportion of individuals who become pregnant while using the contraceptive method consistently over the first year. This percentage is relatively low compared to many other forms of contraception, underscoring the effectiveness of oral contraceptives when taken correctly. It's important to note that real-world use often results in higher failure rates due to missed doses or improper usage. Therefore, understanding the percentage indicates both the reliability of the method when used properly and the importance of patient education on adherence to improve outcomes.

5. What tests are commonly performed during the second trimester?

- A. Blood pressure and glucose tests
- B. Triple or quad screen and an ultrasound for fetal survey**
- C. Amniocentesis and genetic testing
- D. Vitamin D and calcium levels

The second trimester of pregnancy typically involves several important assessments to monitor the health of both the mother and the developing fetus. Among these, the triple or quad screen and ultrasound for fetal survey stand out as common tests. The triple screen test measures specific substances in the mother's blood to assess the risk of certain genetic abnormalities in the fetus, such as Down syndrome and neural tube defects. This test is usually performed between weeks 15 and 20 of gestation. The quad screen expands upon this by measuring an additional marker, which can improve the accuracy of identifying potential risks for these conditions. In addition to blood tests, a detailed ultrasound or fetal survey is often performed in the second trimester, typically around 18 to 20 weeks. This ultrasound provides critical information about fetal anatomy and development, allowing practitioners to identify any structural abnormalities and assess fetal growth. While the other options may include tests that are important at different stages of pregnancy, they do not capture the routine screenings performed during the second trimester as accurately as the combination of the triple or quad screen and ultrasound. For example, amniocentesis is generally offered later in pregnancy, often based on earlier screening results or maternal age, and other tests like blood pressure monitoring or vitamin levels, while important, are not

6. What is a common disadvantage associated with IUDs?

- A. Uncomfortable placement procedure
- B. No menstrual symptoms
- C. Pain and cramping may occur**
- D. Low failure rate

One common disadvantage associated with intrauterine devices (IUDs) is that pain and cramping may occur. This discomfort can be a result of the insertion process itself or from the body's response to having a foreign object in the uterus. For some individuals, the presence of an IUD can lead to varying levels of cramping and pain, particularly in the initial days following insertion. This may be more pronounced with certain types of IUDs, such as hormonal ones. While the placement procedure can be uncomfortable for some, it is often not seen as a major long-term disadvantage when considering overall efficacy and convenience. Similarly, while IUDs are effective in preventing pregnancy, they do not alter menstrual symptoms universally; in fact, some may experience changes in their cycle. The low failure rate of IUDs is one of their advantages, further emphasizing that the pain and cramping associated with their use stands out as a notable drawback.

7. What is one possible effect of an estrogen-dependent neoplasia?

- A. Cardiovascular accident
- B. Hirsutism
- C. Adenocarcinoma**
- D. Dysmenorrhea

Estrogen-dependent neoplasia refers to tumors that are influenced by estrogen levels in the body. One of the potential outcomes of such neoplasias is the development of adenocarcinoma, which is a type of cancer that arises from glandular epithelial tissue and can be driven by hormones, particularly in reproductive organs. For example, endometrial adenocarcinoma is linked to prolonged exposure to estrogen without adequate progesterone to counterbalance its effects. Understanding that estrogen plays a crucial role in the growth and maintenance of certain tissues, its overproduction or unopposed action can lead to pathological changes, including hyperplasia and eventually malignant transformation. Therefore, adenocarcinoma can manifest as an effect of conditions influenced by excessive estrogen, making it a relevant consequence of estrogen-dependent neoplasia. This highlights the importance of monitoring and managing estrogen levels in patients at risk for estrogen-driven cancers.

8. Which term describes a localized elevation that contains purulent fluid and may indicate infection?

- A. Cyst
- B. Abscess**
- C. Bulla
- D. Wheal

The term that describes a localized elevation containing purulent fluid and potentially indicating an infection is an abscess. An abscess forms as a result of the body's immune response to infections, where pus accumulates within a tissue. It is often painful, warm to the touch, and may show signs of skin overlying the area becoming red. Abscesses can develop in various areas of the body and may require drainage to promote healing and reduce the risk of further complications. In contrast, a cyst is a closed sac with a distinct membrane that can contain fluid, semi-solid material, or gas, but it is generally not associated with infection. A bulla refers to a large blister filled with clear fluid, while a wheal is a raised, itchy area of skin that is often a result of an allergic reaction and usually contains clear fluid rather than pus. Each of these terms has specific characteristics and implications for diagnosis and treatment, distinguishing them from the purulent nature of an abscess.

9. What is a common treatment for pityriasis rosea?

- A. Topical antibiotics
- B. Oral antihistamines**
- C. Intravenous steroid therapy
- D. Systemic immunosuppressants

Pityriasis rosea is a self-limiting skin condition characterized by a distinctive rash that often begins with a herald patch and subsequently spreads to other areas of the body. While the exact etiology is not completely understood, it is believed to be related to viral infections, and the treatment primarily focuses on alleviating symptoms rather than eradicating the condition itself. The use of oral antihistamines is common for managing the itching associated with pityriasis rosea. They can help reduce the discomfort and improve the quality of life for patients dealing with this condition. Although the rash may resolve on its own without any treatment, antihistamines provide symptomatic relief, making them a practical choice in the management of this dermatological issue. Other treatments, like topical antibiotics, intravenous steroid therapy, and systemic immunosuppressants, are not standard for pityriasis rosea. Topical antibiotics would not address the underlying causes or symptoms of this condition. Intravenous steroid therapy is generally reserved for severe inflammatory conditions and is not indicated for pityriasis rosea, which typically does not require aggressive management. Systemic immunosuppressants would be inappropriate since they are generally used for autoimmune disorders and not indicated for this benign, self-limiting skin

10. What is typically used to manage candida intertrigo?

- A. Antibiotics exclusively
- B. Drying agents like talc and cornstarch**
- C. Barrier creams
- D. Moisturizing ointments

Managing candida intertrigo typically involves using drying agents like talc and cornstarch. This condition occurs in areas of skin that are prone to moisture and friction, creating an environment where yeast can thrive. By applying drying agents, you can help absorb excess moisture, reducing the likelihood of fungal overgrowth. This approach is particularly effective because it addresses one of the primary factors contributing to the condition. Barrier creams, while useful for preventing skin irritation and protecting against moisture, do not specifically target the moisture issue that is central to managing candida intertrigo. Antibiotics are not effective for this type of fungal infection, as they target bacteria rather than fungi. Moisturizing ointments, on the other hand, may exacerbate the problem by adding moisture to an already damp environment, making them less suitable for treating candida intertrigo. Thus, the use of drying agents stands out as the most appropriate management strategy for this specific skin condition.

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!

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