

ADULT-GERONTOLOGY ACUTE CARE NP (AGACNP) 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 finding indicates a negative response to a desmopressin challenge test?**
 - A. Increased urine osmolality
 - B. No change in blood pressure
 - C. Increased thirst
 - D. Persistently low urine osmolality
- 2. What type of pain originates in muscles, bones, nerves, and supporting tissues but is non-localized?**
 - A. Visceral
 - B. Somatic
 - C. Cutaneous
 - D. Neuropathic
- 3. Which intervention is recommended to prevent increases in intracranial pressure (ICP)?**
 - A. Encourage physical activity
 - B. Maintain a flat position
 - C. Bed rest with head of bed elevated
 - D. Strict fluid intake
- 4. Where is aspiration pneumonia typically found on a chest X-ray?**
 - A. Left lower lobe
 - B. Right upper lobe
 - C. Right middle lobe
 - D. Both lungs
- 5. A patient with hypertension may have an S4 heart sound due to which condition?**
 - A. Aortic regurgitation
 - B. Left ventricular hypertrophy (LVH)
 - C. Mitral valve prolapse
 - D. Pericarditis

- 6. Which condition relates to dyspnea at rest, coarse rales, and an S3 heart sound?**
- A. Chronic heart failure
 - B. Aortic regurgitation
 - C. Left-sided heart failure
 - D. Right-sided heart failure
- 7. What does the level of significance typically denote in statistical analyses?**
- A. The probability of type I error
 - B. The reliability of the data collection
 - C. The average of the sample means
 - D. The level of variability in the data
- 8. What albumin level is indicative of malnutrition?**
- A. 4.0 g/dL
 - B. 3.5 g/dL
 - C. 2.5 g/dL
 - D. 3.0 g/dL
- 9. What EKG changes may be observed in patients with hypokalemia?**
- A. Broad T waves and prominent U waves
 - B. ST segment elevation and high voltages
 - C. Inverted T waves and long QT interval
 - D. Sinus tachycardia and aflutter waves
- 10. Which ethical framework suggests that the rightness of an action is determined by its outcome for the majority?**
- A. Justice
 - B. Utilitarianism
 - C. Deontology
 - D. Beneficence

Answers

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

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Explanations

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1. Which finding indicates a negative response to a desmopressin challenge test?

- A. Increased urine osmolality
- B. No change in blood pressure
- C. Increased thirst
- D. Persistently low urine osmolality**

The finding that indicates a negative response to a desmopressin challenge test is persistently low urine osmolality. Desmopressin is a synthetic analog of vasopressin (antidiuretic hormone), and it is often used in the diagnosis and management of conditions like central diabetes insipidus. When desmopressin is administered, a normal response in patients with central diabetes insipidus would typically be an increase in urine osmolality due to enhanced water reabsorption in the renal collecting ducts. In a negative response, where there is no change in urine osmolality despite administration of desmopressin, one would expect the urine osmolality to remain persistently low. This suggests that the kidneys are not responding correctly to the antidiuretic hormone, which could indicate a diagnosis such as nephrogenic diabetes insipidus, where the kidneys cannot respond to vasopressin, or a lack of functional receptors. Overall, persistently low urine osmolality clearly signifies that the kidneys are not able to concentrate urine, highlighting an insufficient response to the desmopressin challenge.

2. What type of pain originates in muscles, bones, nerves, and supporting tissues but is non-localized?

- A. Visceral
- B. Somatic**
- C. Cutaneous
- D. Neuropathic

The correct answer is somatic pain, which originates from the body's musculoskeletal system and supporting structures, including muscles, bones, and nerves. This type of pain often arises from injuries or conditions affecting those tissues. Somatic pain can be divided into two categories: superficial and deep. Superficial somatic pain is often well localized and sharp, while deep somatic pain originates from deeper tissues and can be more diffuse and aching. In the context of the question, somatic pain can be described as non-localized because it may not always manifest at a specific site, particularly in conditions where there is widespread or multifocal pain, like fibromyalgia or chronic pain syndromes. This can contribute to a complexity in pain perception, making it challenging for individuals to pinpoint where the pain is coming from. Visceral pain, on the other hand, typically originates from the internal organs and is often poorly localized, but it is not associated with the musculoskeletal system. It is characterized by deep, aching, and cramping sensations, reflecting internal organ distress. Cutaneous pain relates to pain originating from the skin or superficial tissues and is generally well-localized, presenting a sharp sensation. Neuropathic pain arises from nerve damage or dysfunction and is often described

3. Which intervention is recommended to prevent increases in intracranial pressure (ICP)?

- A. Encourage physical activity
- B. Maintain a flat position
- C. Bed rest with head of bed elevated**
- D. Strict fluid intake

Maintaining bed rest with the head of the bed elevated is a recommended intervention to help prevent increases in intracranial pressure (ICP). Elevating the head of the bed to approximately 30 degrees allows for improved venous drainage from the head, which can help reduce ICP. This position aids in decreasing cerebral edema and promotes better perfusion. Keeping the head elevated is a fundamental nursing intervention in the management of patients at risk for increased ICP, such as those with head injuries, neurological disorders, or post-operative conditions involving the brain. In contrast, encouraging physical activity could lead to increased ICP due to increased cerebral blood flow and oxygen demand during exertion. Maintaining a flat position can lead to impaired venous outflow and increased pressure in the cranium. Strict fluid intake monitoring, while important for avoiding fluid overload, does not directly address the positioning that significantly affects ICP. Thus, the correct intervention to specifically prevent increases in ICP is to keep the patient in bed rest with the head of the bed elevated.

4. Where is aspiration pneumonia typically found on a chest X-ray?

- A. Left lower lobe
- B. Right upper lobe
- C. Right middle lobe**
- D. Both lungs

Aspiration pneumonia generally occurs when material from the mouth or stomach is inhaled into the lungs, leading to inflammation and infection. The anatomy of the respiratory system plays a significant role in the distribution of aspiration pneumonia. The right main bronchus is wider, shorter, and more vertically oriented compared to the left main bronchus. This anatomical feature makes it more likely for aspirated materials, particularly in cases of aspiration pneumonia, to enter the right lung rather than the left. Within the right lung, the right middle lobe is often the most involved area, primarily because it is directly aligned with the right main bronchus, making it the most common location for aspirated substances to settle, especially if they are aspirated while the person is in an upright position. This anatomical predisposition explains why aspiration pneumonia is typically seen in the right middle lobe on chest X-ray. The presence of infiltrates or consolidation in this lobe on imaging studies is a key indicator for diagnosing aspiration pneumonia, aligning with the common clinical presentation of patients who have aspirated foreign materials.

5. A patient with hypertension may have an S4 heart sound due to which condition?

- A. Aortic regurgitation
- B. Left ventricular hypertrophy (LVH)**
- C. Mitral valve prolapse
- D. Pericarditis

The presence of an S4 heart sound, also known as a "tennessee" sound, is commonly associated with conditions that result in decreased ventricular compliance, particularly in the setting of left ventricular hypertrophy (LVH). In patients with hypertension, the heart muscle may undergo hypertrophy due to the increased workload and pressure it faces. This thickening of the heart muscle results in a stiffer left ventricle, which can lead to impaired filling during diastole. When the atrium contracts forcefully to propel blood into a non-compliant ventricle, the resulting turbulence generates the S4 sound. This relationship highlights the pathophysiological changes that occur in the heart due to chronic hypertension and reinforces the importance of monitoring heart sounds in patients with elevated blood pressure. The other conditions listed do not typically produce an S4 heart sound as a common finding or are characterized by different acute changes in heart dynamics.

6. Which condition relates to dyspnea at rest, coarse rales, and an S3 heart sound?

- A. Chronic heart failure
- B. Aortic regurgitation
- C. Left-sided heart failure**
- D. Right-sided heart failure

The correct choice involves recognizing that dyspnea at rest, coarse rales, and an S3 heart sound are clinical indicators commonly associated with left-sided heart failure. Dyspnea at rest signifies a significant reduction in cardiac function, leading to pulmonary congestion due to the heart's inability to effectively pump blood. Coarse rales, which are abnormal lung sounds, indicate fluid in the alveoli that often arises when the left ventricle fails and leads to increased pressure in the pulmonary vascular system. The S3 heart sound, often referred to as a "gallop" rhythm, suggests volume overload in the ventricles, typical in conditions like left-sided heart failure where the left ventricle is subjected to increased filling pressures. Chronic heart failure can encompass both left-sided and right-sided failures, but the specific symptoms mentioned are most directly linked to left-sided heart failure. While aortic regurgitation can lead to volume overload as well, it does not typically present with such acute dyspnea at rest or rales unless significant left heart failure has developed. Right-sided heart failure primarily causes systemic congestion and symptoms related to fluid retention, such as peripheral edema, and does not directly produce coarse rales or an S3 sound linked with pulmonary

7. What does the level of significance typically denote in statistical analyses?

- A. The probability of type I error
- B. The reliability of the data collection
- C. The average of the sample means
- D. The level of variability in the data

The level of significance in statistical analyses, often denoted by alpha (α), typically represents the probability of committing a type I error. A type I error occurs when a null hypothesis that is actually true is incorrectly rejected. By setting a level of significance, researchers define a threshold for determining whether the observed effects in their data are statistically significant or could have occurred by random chance. For example, a common significance level is 0.05, implying that there is a 5% chance of making a type I error. This means that if the null hypothesis is true, there is still a 5% probability of incorrectly concluding that there is an effect or difference. The other options relate to different statistical concepts. The reliability of data collection pertains to the consistency of the results over time, but it does not directly relate to the calculation of statistical significance. The average of the sample means refers to descriptive statistics, not the significance of hypothesis testing. Lastly, the level of variability in the data pertains to measures like standard deviation or variance, which describe how spread out the data points are, rather than their significance in hypothesis testing. Thus, the correct answer accurately defines the primary role of the level of significance in research and statistical analyses.

8. What albumin level is indicative of malnutrition?

- A. 4.0 g/dL
- B. 3.5 g/dL
- C. 2.5 g/dL
- D. 3.0 g/dL

An albumin level of 3.5 g/dL is typically recognized as reflecting a potential state of malnutrition. In clinical practice, albumin serves as a key indicator of nutritional status, particularly protein synthesis in the liver. Normal serum albumin levels generally range from approximately 3.5 to 5.0 g/dL. When levels fall below this range, especially reaching 3.5 g/dL, it may suggest that the individual is experiencing protein deficiency or malnutrition, particularly in the context of chronic illness or inadequate dietary intake. Lower albumin levels, such as 2.5 g/dL or 3.0 g/dL, often indicate more severe malnutrition or acute illness affecting protein metabolism and synthesis. Such levels imply a clear disruption in the body's ability to maintain adequate protein stores, which can lead to various health complications. While a level of 4.0 g/dL falls within the normal range and would not typically indicate malnutrition, it is essential to evaluate albumin levels in conjunction with a comprehensive clinical assessment, including dietary intake and physical examination findings, to fully understand a patient's nutritional status.

9. What EKG changes may be observed in patients with hypokalemia?

- A. Broad T waves and prominent U waves**
- B. ST segment elevation and high voltages
- C. Inverted T waves and long QT interval
- D. Sinus tachycardia and aflutter waves

In patients with hypokalemia, one of the most notable EKG changes is the presence of prominent U waves, which occur after the T wave. Hypokalemia can lead to a prolonged repolarization of the cardiac myocytes, which is reflected in the EKG as widened T waves and increased amplitude of U waves. U waves are best seen in the precordial leads and can become so pronounced that they might be mistaken for T waves. Additionally, the combination of broad T waves along with the presence of prominent U waves is a classic finding associated with low potassium levels. Monitoring these changes is important because hypokalemia can precipitate life-threatening arrhythmias if not addressed promptly. Understanding these specific EKG changes helps healthcare providers assess the severity of hypokalemia and implement appropriate interventions.

10. Which ethical framework suggests that the rightness of an action is determined by its outcome for the majority?

- A. Justice
- B. Utilitarianism**
- C. Deontology
- D. Beneficence

Utilitarianism is the ethical framework that focuses on the outcomes of actions, emphasizing the idea that the rightness of an action is determined by the overall benefit it produces for the majority. This approach aims to maximize overall happiness or well-being, often illustrated by the principle of the greatest good for the greatest number. In a clinical context, utilitarianism can guide healthcare professionals in decision-making by evaluating the potential benefits and harms of various interventions and policies. For instance, when considering various treatment options, a utilitarian perspective would lead the provider to choose the intervention that is expected to yield the most favorable results for the largest segment of the patient population. This method prioritizes collective welfare over individual rights or duties, which distinguishes it from other ethical frameworks. Other ethical frameworks, such as justice, deontology, and beneficence, focus on different principles. Justice emphasizes fairness and equity, deontology is concerned with the morality of actions based on rules or duties regardless of the consequences, and beneficence entails the obligation to act in the best interest of patients. In contrast, utilitarianism directly evaluates the end results of actions, aiming to create the most positive outcomes for the majority, making it the correct choice for the question.

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:

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

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