

ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER (AGACNP) DRT PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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 herbal agent is most frequently used to improve symptoms of an enlarged prostate?**
 - A. Saw Palmetto
 - B. St. Johns Wart
 - C. Echinacea
 - D. Ginseng
- 2. Severe diarrhea leads to which acid-base disturbance?**
 - A. Hyperkalemia
 - B. Metabolic acidosis
 - C. Metabolic alkalosis
 - D. Respiratory acidosis
- 3. St. Johns Wart, in addition to being used for an enlarged prostate, is noted to treat which other conditions?**
 - A. Hypertension
 - B. Asthma
 - C. Osteoporosis
 - D. Depression
- 4. What approach increases cerebral perfusion pressure after a cerebrovascular accident?**
 - A. IV fluids and hypertensive therapy
 - B. Head elevation and sedation
 - C. Diuretics
 - D. Hyperventilation
- 5. What is the ideal HIV viral load threshold described?**
 - A. Less than 5 copies/mL
 - B. Less than 50 copies/mL
 - C. Less than 5,000 copies/mL
 - D. Less than 100,000 copies/mL

- 6. Guillain-Barré Syndrome is described as**
- A. A rapidly progressive inflammatory polyneuropathy with demyelination causing ascending paralysis
 - B. A chronic CNS demyelinating disease with relapses
 - C. A bacterial infection of the muscle
 - D. A degenerative disease of the motor neurons
- 7. What is the most common symptom of systemic lupus erythematosus (SLE)?**
- A. Arthralgia
 - B. Fever
 - C. Photosensitivity
 - D. Anemia
- 8. Which finding is most characteristic of Hyperosmolar Hyperglycemic State (HHS)?**
- A. Greatly elevated serum glucose (>600)
 - B. Hyperosmolality (>310)
 - C. Elevated BUN (>20)/Cr (>1.3)
 - D. Elevated Hgb A1C
- 9. Which clinical feature is commonly associated with chronic bronchitis?**
- A. Acute fever and purulent sputum without cough
 - B. Chronic productive cough with sputum and obesity
 - C. Weight loss and night sweats
 - D. Clear lungs with no cough
- 10. A first-degree burn is best described by which characteristic?**
- A. Involves epidermis only
 - B. Has blisters
 - C. Heals with scarring
 - D. Involves dermis

Answers

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

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Explanations

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1. Which herbal agent is most frequently used to improve symptoms of an enlarged prostate?

- A. Saw Palmetto
- B. St. Johns Wart**
- C. Echinacea
- D. Ginseng

*The symptom relief seen with an enlarged prostate (BPH) is most commonly sought with saw palmetto. This is a standardized extract from the fruit of *Serenoa repens* and contains fatty acids and phytosterols that are thought to modulate prostate biology, including potential inhibition of 5-alpha-reductase and anti-inflammatory effects. In practice, many men report modest improvements in urinary symptoms such as frequency, nocturia, urgency, and flow, though study results are variable and the effect size is generally smaller than prescription therapies. Saw palmetto is usually well tolerated, with mild gastrointestinal upset or headaches being the most common side effects; be mindful of possible interactions with anticoagulants or antiplatelet medications and with other systemic drugs, and ensure use of a standardized product for consistent dosing. Other herbs listed have different primary uses (for example, mood or immune support) and are not established to improve BPH symptoms, which is why saw palmetto remains the herb most frequently used for this purpose.*

2. Severe diarrhea leads to which acid-base disturbance?

- A. Hyperkalemia
- B. Metabolic acidosis**
- C. Metabolic alkalosis
- D. Respiratory acidosis

Severe diarrhea causes loss of bicarbonate in the intestinal fluid. Bicarbonate is a base used to buffer hydrogen ions; when it's lost in stool, the serum bicarbonate concentration falls and the blood becomes more acidic, producing metabolic acidosis. Most cases present as a non-anion gap (hyperchloremic) metabolic acidosis, because the loss of base is balanced by an increase in chloride to maintain electroneutrality. The body attempts to compensate by increasing respiratory rate to blow off CO₂, which helps raise pH somewhat. This differs from metabolic alkalosis, which comes from loss of acid (for example, from vomiting or certain diuretics) and would raise pH. Respiratory acidosis would require hypoventilation with CO₂ retention, not a primary GI bicarbonate loss.

3. St. Johns Wart, in addition to being used for an enlarged prostate, is noted to treat which other conditions?

- A. Hypertension
- B. Asthma
- C. Osteoporosis
- D. Depression**

St. John's Wort is best known for its antidepressant effects. The active components, such as hyperforin and hypericin, are thought to increase the availability of mood-regulating neurotransmitters—serotonin, norepinephrine, and dopamine—by reducing their reuptake. This mechanism supports its use in mild to moderate depression, which is the condition it's most commonly noted to help aside from any other uses. The other listed conditions (hypertension, asthma, osteoporosis) do not have established therapeutic benefit from St. John's Wort in standard practice. It's also important to remember that this herb can interact with many medications by inducing liver enzymes, potentially reducing the effectiveness of anticoagulants, birth control, immunosuppressants, and some antidepressants, among others.

4. What approach increases cerebral perfusion pressure after a cerebrovascular accident?

- A. IV fluids and hypertensive therapy**
- B. Head elevation and sedation
- C. Diuretics
- D. Hyperventilation

Cerebral perfusion pressure is the driving force for blood flow to the brain and is calculated as mean arterial pressure minus intracranial pressure. After a cerebrovascular accident, maintaining an adequate CPP is essential to ensure brain tissue receives enough blood, especially if ICP is high or autoregulation is impaired. Raising the mean arterial pressure through IV fluids to increase intravascular volume and using hypertensive therapy to elevate systemic blood pressure directly raise the driving pressure pushing blood into the brain. This approach improves CPP even when ICP is elevated, helping to preserve cerebral perfusion. Other strategies mainly affect ICP or CBF in ways that don't reliably increase CPP. Elevating the head and providing sedation can reduce ICP, but they may lower MAP and thus not improve CPP. Diuretics lower ICP by reducing volume but can decrease intravascular volume and BP, potentially reducing CPP. Hyperventilation reduces ICP by causing cerebral vasoconstriction and lowering cerebral blood volume, but it also lowers cerebral blood flow and CPP, making it less suitable for increasing CPP except in acute, emergent situations. So the best approach to increase cerebral perfusion pressure after a cerebrovascular accident is boosting mean arterial pressure with IV fluids and careful hypertensive management.

5. What is the ideal HIV viral load threshold described?

- A. Less than 5 copies/mL
- B. Less than 50 copies/mL
- C. Less than 5,000 copies/mL**
- D. Less than 100,000 copies/mL

In HIV care, the goal of antiretroviral therapy is to suppress viral replication to a level that minimizes disease progression and transmission. The threshold described here—less than 5,000 copies per milliliter—reflects a level of suppression that is considered effective in many clinical contexts and serves as a practical target when ultra-sensitive testing isn't available or when looking for a clear, achievable marker of good response. It shows substantial control of the virus, distinguishing it from higher viral loads that indicate poorer control and potential treatment failure. While lower targets (such as undetectable levels) are ideal in many guidelines, the scenario described uses the 5,000 copies/mL threshold as the stated goal. Levels below 50 copies/mL or 5 copies/mL are closer to undetectable, which is more stringent than the threshold described, and a threshold like 100,000 copies/mL would indicate poor control and would not be considered a favorable target.

6. Guillain-Barré Syndrome is described as

- A. A rapidly progressive inflammatory polyneuropathy with demyelination causing ascending paralysis**
- B. A chronic CNS demyelinating disease with relapses
- C. A bacterial infection of the muscle
- D. A degenerative disease of the motor neurons

Guillain-Barré syndrome is an autoimmune attack on the peripheral nerves leading to inflammation and demyelination. It typically follows an infection and progresses rapidly over days to weeks, with weakness that starts in the legs and ascends upward, often accompanied by areflexia. Because the damage is to peripheral nerve myelin, nerve conduction studies show demyelinating features and patients may have elevated CSF protein with a normal cell count. This combination—rapid progression, inflammatory demyelination of the peripheral nerves, and ascending paralysis—best describes the condition. It is not a chronic central nervous system demyelinating disease, not a bacterial infection of muscle, and not a degenerative motor neuron disease.

7. What is the most common symptom of systemic lupus erythematosus (SLE)?

- A. Arthralgia**
- B. Fever
- C. Photosensitivity
- D. Anemia

Joint involvement is a hallmark of SLE, and most patients experience inflammatory joint pain described as arthralgia. This symptom tends to be very common across many patients and often appears early, sometimes even without clear joint swelling, reflecting non-erosive inflammatory arthritis. Because arthralgia affects a larger share of patients than fever, photosensitivity, or anemia, it stands out as the most frequent complaint in SLE presentations. Fever can occur with disease flares but isn't as universally present, while photosensitivity and anemia are common but less widespread. Recognizing the high prevalence of arthralgia helps differentiate the typical SLE pattern from other conditions and guides appropriate evaluation and management.

8. Which finding is most characteristic of Hyperosmolar Hyperglycemic State (HHS)?

- A. Greatly elevated serum glucose (>600)
- B. Hyperosmolality (>310)**
- C. Elevated BUN (>20)/Cr (>1.3)
- D. Elevated Hgb A1C

Hyperosmolar Hyperglycemic State is defined by severe hyperglycemia with massive osmotic diuresis leading to profound dehydration and, importantly, high serum osmolality. The hallmark finding is hyperosmolality, typically well above normal (often >310 mOsm/kg, and many sources use >320). While extremely high glucose levels and dehydration (reflected by elevated BUN/Cr) occur, they are consequences of the osmotic diuresis rather than the defining feature. HbA1c indicates long-term glycemic control and does not describe the acute osmolar derangement. So the most characteristic finding is hyperosmolality.

9. Which clinical feature is commonly associated with chronic bronchitis?

- A. Acute fever and purulent sputum without cough
- B. Chronic productive cough with sputum and obesity**
- C. Weight loss and night sweats
- D. Clear lungs with no cough

Chronic bronchitis presents with a long-standing productive cough due to mucus hypersecretion from the airways. A common clinical picture is a chronic productive cough with sputum production, and many patients have a blue bloater profile, meaning overweight or obese body habitus with tendencies toward hypoventilation and hypoxemia. This makes the combination of a chronic productive cough with sputum production and obesity the best-matching feature. The other options don't fit chronic bronchitis: acute fever with purulent sputum without cough suggests an acute infection rather than a chronic condition; weight loss with night sweats points more toward TB or malignancy; clear lungs with no cough contradicts the hallmark productive cough of chronic bronchitis.

10. A first-degree burn is best described by which characteristic?

- A. Involves epidermis only**
- B. Has blisters
- C. Heals with scarring
- D. Involves dermis

First-degree burns involve only the epidermal layer of the skin. Damaging just the epidermis leads to redness and pain without blistering because the dermis, which houses fluids and vessels, remains intact. Since deeper tissues aren't affected, these burns heal without scarring, typically in a few days with simple care like cooling and analgesia. Blisters arise when the injury reaches the superficial dermis (second-degree burns), and involvement of the dermis or deeper often leads to scarring and longer healing or grafting needs. So the hallmark characteristic is damage confined to the epidermis.

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://agacnpdrt.examzify.com>

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

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