

# Adult-Gerontology Acute Care Nurse Practitioner Certification (AGACNP) Frances Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. In the context of pleural effusion, what does a lower LDH ratio indicate?**
  - A. Exudative effusion**
  - B. Transudative effusion**
  - C. Infectious process**
  - D. Malignancy**
- 2. In a patient with active worsening asthma requiring additional therapy, what class of medication should be considered next?**
  - A. Short-acting beta agonist**
  - B. Long-acting beta agonist**
  - C. Inhaled corticosteroids**
  - D. Systemic corticosteroids**
- 3. Which is the first step in HIV testing?**
  - A. CD4 count**
  - B. Western blot**
  - C. Initial ELISA**
  - D. PCR test**
- 4. What is Quality Assurance in healthcare?**
  - A. A process for billing review**
  - B. A method to avoid lawsuits**
  - C. A process for evaluating care using established standards**
  - D. A way to reduce staffing costs**
- 5. In a situation where a patient reveals potential risk of self-harm, what is a key action that should be taken?**
  - A. Document the conversation thoroughly**
  - B. Engage the family in the discussion**
  - C. Schedule follow-up outpatient therapy**
  - D. Implement hospital admission for safety**

- 6. What primary issue led to the initiation of nurse practitioner programs in healthcare?**
- A. Increased demand for surgical specialists**
  - B. Pediatric physician shortage**
  - C. Growing population of aging patients**
  - D. Lack of healthcare insurance**
- 7. What type of neurological potential risk is associated with severe antidepressant overdose?**
- A. Seizures**
  - B. Coma**
  - C. Paralysis**
  - D. Hallucinations**
- 8. A female patient shows mucopurulent cervical drainage, fever of 102°F, adnexal tenderness, and a distended/rigid abdomen. What is the appropriate management?**
- A. Prescribe oral antibiotics**
  - B. Call surgery and arrange for an ex lap and pelvic abscess drainage**
  - C. Send for a pelvic ultrasound**
  - D. Provide symptomatic relief and monitor**
- 9. After a CVA, the patient is struggling to feed himself. Which professional should be consulted?**
- A. OT**
  - B. PT**
  - C. Social Work**
  - D. Case management**
- 10. Which patient should be tested with Western blot and ELISA?**
- A. Man with pneumocystitis**
  - B. Lady with osteoporosis**
  - C. Man with trauma**
  - D. Sex worker with HPV**

## **Answers**

SAMPLE

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

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## **Explanations**

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**1. In the context of pleural effusion, what does a lower LDH ratio indicate?**

- A. Exudative effusion**
- B. Transudative effusion**
- C. Infectious process**
- D. Malignancy**

A lower lactate dehydrogenase (LDH) ratio in the context of a pleural effusion suggests a transudative effusion. Transudative effusions are generally characterized by lower protein and LDH levels compared to serum, which occurs due to systemic factors affecting fluid balance, such as congestive heart failure, cirrhosis, or nephrotic syndrome. The ratio of pleural fluid LDH to serum LDH is a crucial factor in differentiating transudative from exudative effusions. When this ratio is less than 0.6, it indicates that the effusion is more likely transudative. In contrast, exudative effusions, which often occur due to localized processes like infection, malignancy, or inflammatory conditions, typically exhibit higher LDH levels and a corresponding increased LDH ratio. Therefore, understanding the significance of the LDH ratio is essential in diagnosing the underlying cause of a pleural effusion accurately.

**2. In a patient with active worsening asthma requiring additional therapy, what class of medication should be considered next?**

- A. Short-acting beta agonist**
- B. Long-acting beta agonist**
- C. Inhaled corticosteroids**
- D. Systemic corticosteroids**

In a patient experiencing active worsening asthma, systemic corticosteroids are the recommended class of medication to consider next. This is primarily because systemic corticosteroids are highly effective in rapidly reducing inflammation and controlling exacerbations of asthma. They work by suppressing the immune response and decreasing airway inflammation, which is crucial during an asthma exacerbation when patients typically experience increased airway reactivity and narrowing. While short-acting beta agonists provide immediate relief of bronchoconstriction and are essential for managing acute symptoms, they do not address the underlying inflammation driving the exacerbation. Long-acting beta agonists, although useful in a maintenance role for asthma control, are not suitable for acute management on their own and should not be used without inhaled corticosteroids for long-term control. Inhaled corticosteroids, while important in the long-term management of asthma, take time to have an effect and are not sufficient for addressing acute exacerbations on their own. Systemic corticosteroids, on the other hand, can provide a prompt and effective response to inflammation and are indicated when a patient's asthma is not adequately controlled with other medications during an exacerbation. Utilizing systemic corticosteroids in these situations is a critical part of managing worsening asthma and improving patient outcomes.

### 3. Which is the first step in HIV testing?

- A. CD4 count
- B. Western blot
- C. Initial ELISA**
- D. PCR test

The first step in HIV testing is the initial ELISA, which stands for Enzyme-Linked Immunosorbent Assay. This test is designed to detect antibodies to the human immunodeficiency virus (HIV) in the blood. It is a sensitive screening tool that helps identify individuals who may be infected with HIV. The reason the initial ELISA is considered the first step is due to its high sensitivity and ability to process large volumes of samples quickly, making it a practical choice for screening purposes. If the ELISA test is reactive, it is typically followed by a confirmatory test, such as the Western blot, to ensure accuracy in diagnosis. Other methodologies like the CD4 count, Western blot, and PCR test serve different roles in the management and understanding of HIV infection. The CD4 count is used to monitor immune function and disease progression rather than for initial diagnosis. The Western blot is a confirmatory test used after an initial positive ELISA; it is not used as a first-line screening test. Similarly, PCR testing is primarily utilized to quantify viral load or detect the virus in cases of suspected acute infection or in infants born to HIV-positive mothers, rather than for initial screening.

### 4. What is Quality Assurance in healthcare?

- A. A process for billing review
- B. A method to avoid lawsuits
- C. A process for evaluating care using established standards**
- D. A way to reduce staffing costs

Quality Assurance in healthcare refers to a systematic process aimed at evaluating and maintaining the quality of care provided to patients. It involves assessing healthcare services against predefined standards and criteria to ensure that specific levels of quality are met consistently. This process includes monitoring and evaluating various aspects of care delivery, such as treatment outcomes, patient safety, and adherence to clinical guidelines. By using established standards, healthcare organizations can identify areas for improvement, enhance patient outcomes, and ensure compliance with regulatory requirements. This systematic approach is essential for maintaining high standards of care, improving patient satisfaction, and fostering a culture of continuous improvement within the organization. Other options such as billing review, legal protection, or cost reduction do not encompass the comprehensive and systematic evaluation focus that characterizes Quality Assurance. These factors may interact with quality but are not the core purpose of Quality Assurance itself.

**5. In a situation where a patient reveals potential risk of self-harm, what is a key action that should be taken?**

- A. Document the conversation thoroughly**
- B. Engage the family in the discussion**
- C. Schedule follow-up outpatient therapy**
- D. Implement hospital admission for safety**

Implementing hospital admission for safety is a crucial action when a patient reveals a risk of self-harm. This step is predicated on the ethical obligation to ensure patient safety and confidentiality while providing direct intervention in a potentially life-threatening situation. When a patient expresses thoughts or intentions of self-harm, it indicates that they may be in a crisis and at imminent risk of harming themselves. Hospital admission allows for continuous observation, assessment, and immediate intervention by healthcare professionals. It also provides the opportunity for the patient to receive comprehensive care, including mental health support, stabilization, and the development of safety plans. In situations involving self-harm, it is important to take immediate and decisive actions to mitigate risk, making hospitalization a priority to ensure the patient's well-being. Other actions, such as documentation or family engagement, while important in the overall management of the patient's care, do not address the immediate risk of self-harm as effectively as ensuring the patient's safety through admission.

**6. What primary issue led to the initiation of nurse practitioner programs in healthcare?**

- A. Increased demand for surgical specialists**
- B. Pediatric physician shortage**
- C. Growing population of aging patients**
- D. Lack of healthcare insurance**

The initiation of nurse practitioner programs was primarily driven by the growing population of aging patients. As the population aged, healthcare needs increased significantly, leading to a higher demand for accessible and comprehensive healthcare services. This demographic shift stretched the existing healthcare workforce, particularly among primary care providers, making it necessary to find innovative solutions to meet the rising demand for patient care. Nurse practitioners emerged as a viable solution to fill gaps in healthcare delivery, particularly in primary care settings, where they could provide essential services, manage chronic diseases, and offer preventive care to older adults. Their advanced training allows them to take on roles that help alleviate the burden on physicians, especially in areas facing shortages of primary care providers, such as rural locations or underserved urban environments. While other factors, such as physician shortages or lack of healthcare insurance, are significant issues in healthcare, they were not the primary catalysts for the establishment of nurse practitioner programs. The focus on the aging population highlights the urgent need for more healthcare providers who are equipped to manage the complex health issues associated with aging, thereby justifying the development and expansion of these programs.

**7. What type of neurological potential risk is associated with severe antidepressant overdose?**

**A. Seizures**

**B. Coma**

**C. Paralysis**

**D. Hallucinations**

Severe antidepressant overdose is known to pose several significant neurological risks, with seizures being one of the most prominent concerns. Antidepressants affect neurotransmitter systems, particularly serotonin, norepinephrine, and dopamine. In massive overdoses, this imbalance can lead to phenomena such as serotonin syndrome, which can manifest with a range of symptoms, including seizures. Seizures may occur due to the central nervous system's excitability caused by the overactivity of these neurotransmitters. This phenomenon reminds healthcare providers to monitor patients closely for neurological disturbances in cases of suspected or confirmed antidepressant overdose. While coma, paralysis, and hallucinations may be associated with certain drug toxicities or overdose scenarios, seizures are particularly conspicuous in the context of antidepressant overdoses, given the pharmacological mechanisms involved. Seizures are a direct consequence of the neurological effects that these medications can exert when present in excess, making them a clear risk factor in this situation.

**8. A female patient shows mucopurulent cervical drainage, fever of 102°F, adnexal tenderness, and a distended/rigid abdomen. What is the appropriate management?**

**A. Prescribe oral antibiotics**

**B. Call surgery and arrange for an ex lap and pelvic abscess drainage**

**C. Send for a pelvic ultrasound**

**D. Provide symptomatic relief and monitor**

The appropriate management in this scenario is to call surgery and arrange for an exploratory laparotomy (ex lap) and pelvic abscess drainage due to the presence of signs that are highly suggestive of acute pelvic inflammatory disease or a possible ruptured appendix or ectopic pregnancy, which can cause serious complications. The patient's symptoms, including mucopurulent cervical drainage, fever, adnexal tenderness, and a distended and rigid abdomen, indicate a significant degree of inflammation and possibly infection within the pelvic region that may have progressed to a point where surgical intervention is necessary. A distended and rigid abdomen typically suggests either significant intra-abdominal pathology or the possibility of peritonitis, which warrants urgent surgical evaluation. In situations where there's a concern for the presence of an abscess, especially with systemic symptoms like fever, immediate surgical consultation is crucial. Delay in surgical evaluation and intervention can lead to worsening of the patient's condition, including sepsis or further spread of infection. In contrast, prescribing oral antibiotics may not provide the timely intervention needed for an acute abdomen scenario, and monitoring without definitive intervention could lead to deterioration. A pelvic ultrasound may help visualize some abnormalities but is not definitive for management in an acute setting where immediate surgical evaluation is indicated.

**9. After a CVA, the patient is struggling to feed himself. Which professional should be consulted?**

- A. OT**
- B. PT**
- C. Social Work**
- D. Case management**

Consulting an occupational therapist (OT) is essential for a patient struggling to feed themselves after a cerebrovascular accident (CVA). Occupational therapists specialize in helping individuals regain the skills necessary for daily living activities, including self-feeding. They assess the patient's fine motor skills, cognitive function, and any physical limitations, then implement therapeutic strategies and adaptive techniques to promote independence in self-care tasks. Occupational therapists may provide specialized utensils or adaptive equipment, modify the environment to enhance accessibility, and teach compensatory strategies that help the patient perform these tasks more effectively. Through tailored interventions, they support the patient's functional recovery and enhance their quality of life. Their expertise in the rehabilitation process for activities of daily living makes them the most appropriate professional to consult in this scenario.

**10. Which patient should be tested with Western blot and ELISA?**

- A. Man with pneumocystitis**
- B. Lady with osteoporosis**
- C. Man with trauma**
- D. Sex worker with HPV**

The appropriate choice for testing with Western blot and ELISA is the patient characterized as a sex worker with HPV. The rationale for this is primarily centered on the identification of HIV as a potential comorbidity. Western blot and ELISA tests are commonly utilized for the diagnosis of HIV infection. Given that individuals in high-risk categories, such as sex workers, are more susceptible to sexually transmitted infections, including HIV, routine screening is often recommended. In this context, the ELISA test is typically used as an initial screening tool due to its sensitivity, while the Western blot serves as a confirmatory test, addressing potential false positives from initial testing. This dual testing approach ensures accurate diagnosis and appropriate management for patients at higher risk. The other patients listed do not present the same level of indication for HIV testing based on their conditions. For instance, a man with pneumocystitis may indicate an underlying immunocompromised state but does not directly suggest the need for an HIV test unless other risk factors are present. Similarly, a lady with osteoporosis may not typically necessitate HIV screening unless her clinical history suggests otherwise. A man with trauma is also not an immediate candidate for an HIV test without further context regarding his risk behaviors. Thus, the sex worker's profile specifically