

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

Study Guide



Everything you need from our exam experts!

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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. What is a primary responsibility of the Office of Civil Rights regarding HIPAA?**
 - A. To provide medical care to patients**
 - B. To enforce compliance with HIPAA regulations**
 - C. To manage health care costs**
 - D. To conduct medical research**

- 2. What is the consequence of a patient experiencing renal insufficiency on certain medications?**
 - A. Increased effectiveness of medications**
 - B. No impact on medication metabolism**
 - C. Reduced risk of side effects**
 - D. Increased risk of drug toxicity**

- 3. What should be the immediate action for a patient with a closed head injury and ABGs showing pH of 7.48, pCO₂ of 35, FiO₂ of 40%, and pO₂ of 60%?**
 - A. Increase the FiO₂ to 60%**
 - B. Decrease the Tidal Volume**
 - C. Decrease the Respiratory Rate**
 - D. Leave the setting as it is**

- 4. How should the Mini-Mental State Examination (MMSE) be conducted?**
 - A. In a quiet, crowded area**
 - B. With the presence of family members**
 - C. With the spouse leaving the room**
 - D. In a relaxed, informal setting**

- 5. What is the primary factor that case management balances during a patient's illness?**
 - A. Patient satisfaction and financial cost**
 - B. Quality of care and cost of resources**
 - C. Physician input and patient requests**
 - D. Hospital policies and patient preferences**

- 6. What is the best way to ask a patient if they are misusing drugs?**
- A. Ask if they have ever used street drugs**
 - B. Be direct and ask if they use street drugs**
 - C. Inquire about their medication compliance**
 - D. Suggest they avoid recreational drugs**
- 7. When a husband presents to the ED with a drug overdose, what is your immediate action?**
- A. Hand him off to another practitioner**
 - B. Call the police**
 - C. Consult psych**
 - D. Treat him without prejudice**
- 8. At what blood pressure level is a hypertensive emergency identified?**
- A. 160/100**
 - B. 180/110**
 - C. 200/90**
 - D. 220/110**
- 9. In the event of respiratory distress and absent breath sounds after central line placement, what should be the immediate action?**
- A. Administer analgesics**
 - B. Needle decompression**
 - C. Chest physiotherapy**
 - D. Intubation**
- 10. Which type of Medicare covers hospice care?**
- A. Medicare B**
 - B. Medicare D**
 - C. Medicare A**
 - D. Medicare C**

Answers

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

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Explanations

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1. What is a primary responsibility of the Office of Civil Rights regarding HIPAA?

- A. To provide medical care to patients**
- B. To enforce compliance with HIPAA regulations**
- C. To manage health care costs**
- D. To conduct medical research**

The Office of Civil Rights (OCR) plays a crucial role in enforcing compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. One of its primary responsibilities is to ensure that covered entities, which include healthcare providers, health plans, and healthcare clearinghouses, adhere to the privacy and security standards set forth in HIPAA. This includes investigating complaints regarding violations of patient privacy rights and conducting audits to assess compliance with these regulations. The enforcement responsibilities of the OCR include ensuring that individual patient rights are protected, addressing allegations of discrimination, and resolving complaints related to the misuse or improper disclosure of health information. By doing this, the OCR helps to maintain the integrity of the health information system and ensures that patients can trust that their sensitive health information is handled appropriately. The other options—providing medical care, managing health care costs, and conducting medical research—do not fall under the responsibilities of the OCR in relation to HIPAA. Rather, these are roles often associated with healthcare providers, payers, and research institutions, but not specifically the Office of Civil Rights. Therefore, the focus on enforcement of compliance with HIPAA regulations distinctly outlines the critical function performed by the OCR.

2. What is the consequence of a patient experiencing renal insufficiency on certain medications?

- A. Increased effectiveness of medications**
- B. No impact on medication metabolism**
- C. Reduced risk of side effects**
- D. Increased risk of drug toxicity**

In patients with renal insufficiency, the kidneys are unable to effectively filter and excrete drugs and their metabolites from the body. This impaired renal function leads to an accumulation of medications in the bloodstream, which can subsequently elevate their levels to toxic ranges. As the clearance of certain drugs is heavily reliant on renal function, medications that are primarily eliminated through the kidneys require careful dose adjustments or alternative therapies in the context of renal insufficiency to mitigate the risk of toxicity. In contrast, an increased effectiveness of medications may not be universally true; rather, drugs may become less effective or lead to adverse effects due to the accumulation. Similarly, stating that there is no impact on medication metabolism is misleading since renal insufficiency directly affects how drugs are processed and eliminated from the body. Lastly, while reduced side effects might be a theoretical consideration for some medications with a narrow therapeutic window, the reality is that renal insufficiency generally heightens the risk of adverse events and side effects due to increased drug levels. Therefore, the consequences of renal insufficiency on medications are critically related to the increased risk of drug toxicity.

- 3. What should be the immediate action for a patient with a closed head injury and ABGs showing pH of 7.48, pCO₂ of 35, FiO₂ of 40%, and pO₂ of 60%?**
- A. Increase the FiO₂ to 60%**
 - B. Decrease the Tidal Volume**
 - C. Decrease the Respiratory Rate**
 - D. Leave the setting as it is**

In the scenario described, the patient is presenting with a closed head injury, which can lead to increased intracranial pressure (ICP) and subsequent respiratory management challenges. The arterial blood gas (ABG) values indicate a pH of 7.48, which suggests a state of respiratory alkalosis due to a low pCO₂ of 35 mmHg. Additionally, the pO₂ of 60% indicates hypoxemia, but the patient is receiving 40% FiO₂, which is a reasonable initial setting for someone with impaired gas exchange, especially following a head injury. The correct immediate action is to leave the settings as they are, as the current FiO₂ is sufficient for the patient considering their pO₂, and no immediate adjustments are necessary. Increasing the FiO₂ might be warranted in some cases of hypoxemia, but this patient's respiratory status should first be assessed carefully to avoid unnecessary interventions. Furthermore, decisions to manipulate tidal volume or respiratory rate can complicate the situation. In patients with closed head injuries, maintaining stable ventilation is crucial, as changes can exacerbate intracranial pressure. More aggressive ventilation changes may not be required from the current status, especially when considering the potential risks involved in altering these parameters

- 4. How should the Mini-Mental State Examination (MMSE) be conducted?**
- A. In a quiet, crowded area**
 - B. With the presence of family members**
 - C. With the spouse leaving the room**
 - D. In a relaxed, informal setting**

The Mini-Mental State Examination (MMSE) is conducted best when distractions are minimized, allowing the patient to focus on the tasks at hand. When the spouse or family members leave the room, it encourages the patient to engage more fully in the assessment without the influence of familiar cues or anxieties that family presence may invoke. This setting promotes a clearer evaluation of cognitive abilities, as the individual may feel less pressure and more at ease to answer questions based on their own understanding. Conducting the MMSE in quiet and calm surroundings helps participants concentrate and provides a more accurate assessment of their cognitive state. In contrast, having family members present can lead to potential coaching, inadvertent cues, or emotional distress that could impact the patient's performance. Crowded areas and informal settings might contribute to distractions that further compromise the accuracy of the results, making the assessment less effective. Thus, having the spouse leave the room creates an ideal environment for a reliable cognitive evaluation.

5. What is the primary factor that case management balances during a patient's illness?

- A. Patient satisfaction and financial cost**
- B. Quality of care and cost of resources**
- C. Physician input and patient requests**
- D. Hospital policies and patient preferences**

The primary factor that case management balances during a patient's illness is the quality of care and cost of resources. Case management is fundamentally about coordinating care to ensure that patients receive effective, high-quality treatment while also being mindful of the financial constraints associated with healthcare delivery. Quality of care refers to the effectiveness and appropriateness of the medical interventions being provided to the patient, ensuring that they meet clinical guidelines and contribute positively to the patient's health outcomes. On the other hand, cost of resources encompasses the financial implications of providing that care, including the use of hospital services, medications, and other necessary interventions. In balancing these two factors, case managers work to ensure that patients receive the best possible outcomes without unnecessary expenditures. This can involve coordinating services, recommending interventions based on clinical necessity, and advocating for efficient use of resources. While patient satisfaction and financial costs, physician input and patient requests, and hospital policies and patient preferences play important roles in patient care, they do not encapsulate the core focus of case management as it relates primarily to the optimal delivery of healthcare services within available financial means. Quality care and resource management are at the heart of case management's objectives in facilitating patient recovery and maintaining system sustainability.

6. What is the best way to ask a patient if they are misusing drugs?

- A. Ask if they have ever used street drugs**
- B. Be direct and ask if they use street drugs**
- C. Inquire about their medication compliance**
- D. Suggest they avoid recreational drugs**

Being direct and asking if a patient uses street drugs is the most effective way to obtain clear and honest information regarding potential drug misuse. Direct inquiries can reduce ambiguity and encourage an open dialogue. This approach helps build trust and rapport with the patient, making them more likely to provide accurate and complete information about their substance use habits. Patients may be more willing to disclose their behavior when confronted in a straightforward and non-judgmental manner, which is essential in managing and addressing any potential substance abuse issues effectively. This method also opens the door for further conversation about its impact on their health, allowing for a more comprehensive assessment and tailored care plan. Other approaches, while possibly useful in specific contexts, may not yield the necessary clarity. For instance, asking if they have ever used street drugs might not capture their current usage or intent, and inquiring solely about medication compliance may overlook illicit drug use entirely. Suggesting avoidance of recreational drugs could come off as paternalistic and might not facilitate the open communication required to fully understand the patient's drug use behaviors.

7. When a husband presents to the ED with a drug overdose, what is your immediate action?

- A. Hand him off to another practitioner**
- B. Call the police**
- C. Consult psych**
- D. Treat him without prejudice**

In cases of a drug overdose, the immediate priority for a healthcare provider is to ensure that the patient receives appropriate medical care without bias. Treating the patient without prejudice is essential to provide the necessary interventions that can stabilize the patient's condition. The immediate actions following an overdose may include assessing the patient's airway, breathing, and circulation (the ABCs), administering oxygen if necessary, securing intravenous access, and considering the administration of antidotes or supportive measures based on the substance involved. Treating without prejudice emphasizes the importance of addressing the patient's medical needs rather than making judgments about their situation. Healthcare providers must operate under the principle of treating all patients with compassion and respect, regardless of how the overdose occurred. Other options, such as handing the patient off to another practitioner, calling the police, or consulting psychiatry, may come into play later in the management plan but do not address the immediate medical needs that must be prioritized at the moment of presentation to the emergency department. Proper medical intervention is critical to minimizing potential complications and ensuring the best possible outcomes for the patient.

8. At what blood pressure level is a hypertensive emergency identified?

- A. 160/100**
- B. 180/110**
- C. 200/90**
- D. 220/110**

A hypertensive emergency is characterized by severely elevated blood pressure, typically defined as systolic blood pressure exceeding 180 mmHg or diastolic blood pressure exceeding 120 mmHg, alongside evidence of acute end-organ damage. The blood pressure level of 220/110 fits this definition, indicating a critical situation where the body may be at risk for complications such as stroke, myocardial infarction, or renal failure. In contrast, other options present blood pressure readings that, while high, do not meet the threshold for a hypertensive emergency. For instance, 180/110 indeed indicates a severe elevation but may not be accompanied by acute organ damage at all times, thus it may fall under a hypertensive urgency instead. Meanwhile, 160/100 and 200/90, while concerning, do not reach the threshold that typically associates with acute complications that warrant immediate medical intervention. Therefore, the level of 220/110 is the most indicative of a hypertensive emergency that necessitates prompt treatment to prevent serious health risks.

9. In the event of respiratory distress and absent breath sounds after central line placement, what should be the immediate action?

- A. Administer analgesics**
- B. Needle decompression**
- C. Chest physiotherapy**
- D. Intubation**

In the scenario of respiratory distress and absent breath sounds following central line placement, the immediate and critical intervention is needle decompression. This situation raises the concern for a possible tension pneumothorax, which can occur if air enters the pleural cavity and causes pressure to build up, compromising lung function and circulation. Needle decompression involves inserting a large-bore needle into the second intercostal space at the midclavicular line on the affected side. This procedure allows trapped air to escape from the pleural space, rapidly relieving pressure and restoring normal respiratory function. Recognizing and addressing a tension pneumothorax quickly is essential because it is a life-threatening emergency that requires swift action to prevent further respiratory compromise or cardiac arrest. While other interventions like administering analgesics or intubation may be necessary at different points in the management of respiratory failure, they do not address the immediate life-threatening condition created by a tension pneumothorax. Chest physiotherapy also would not be appropriate in this acute setting, as it does not provide urgent relief for the underlying issue. Therefore, needle decompression is the correct and life-saving action to take first in this scenario.

10. Which type of Medicare covers hospice care?

- A. Medicare B**
- B. Medicare D**
- C. Medicare A**
- D. Medicare C**

Medicare A, also known as Hospital Insurance, covers hospice care under specific conditions. This part of Medicare is designed to provide benefits for inpatient hospital stays, skilled nursing facility care, hospice care, and some home health care. For hospice care to be covered by Medicare A, the individual must meet certain eligibility criteria, including being certified by a physician as having a terminal illness with a prognosis of six months or less to live. Coverage includes a range of services, such as pain management, symptom control, medical equipment, and support for the individual and their family. Other parts of Medicare have different focuses and coverage areas that do not include hospice care. For instance, Medicare B provides coverage for outpatient services, while Medicare D specifically covers prescription drugs. Medicare C, also known as Medicare Advantage, includes benefits from both Medicare A and B but may also vary in additional coverage options and services provided, which may not necessarily include hospice services in the same manner as Medicare A. Therefore, Medicare A is the appropriate choice when it comes to hospice care coverage.

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://agacnpfrances.examzify.com>

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

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