

ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER CERTIFICATION (AGACNP) FRANCES PRACTICE TEST (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. For a patient with HIV who tests positive for TB, what is the first step in treatment?**
 - A. Immediate initiation of antiretroviral therapy
 - B. Culture x 3
 - C. Start DOT therapy
 - D. Pulmonary function tests
- 2. If an NP administers timolol to a patient with closed-angle glaucoma, what effect should be expected?**
 - A. Increased visual acuity
 - B. Reduced intraocular pressure
 - C. Reduced pain
 - D. Improved peripheral vision
- 3. What is the reason that temporal arteritis requires immediate treatment?**
 - A. Prevent systemic infection
 - B. Avoid progression to stroke
 - C. Prevent blindness in the affected eye
 - D. Reduce headache severity
- 4. What is the recommended treatment for venous stasis ulcers?**
 - A. Application of prescribed ointments
 - B. Elevation of the extremity
 - C. Use of compression stockings
 - D. Antibiotic therapy
- 5. Which medication is commonly administered during the initial management of septic shock?**
 - A. Epinephrine
 - B. Norepinephrine
 - C. Vasopressin
 - D. Phenylephrine

- 6. If a NP notices unfavorable outcomes in sickle cell anemia patients, what is the best approach to improve care?**
- A. Form individualized treatment plans
 - B. Standardize treatment plans for all patients
 - C. Increase medication dosages
 - D. Limit patient access to specialists
- 7. Which symptom is NOT commonly found in the pre-icteric phase of hepatitis?**
- A. Fatigue
 - B. Jaundice
 - C. Anorexia
 - D. Nausea and vomiting
- 8. What does paradoxical abdominal and diaphragmatic movement indicate in a patient?**
- A. Symptoms of anxiety disorder
 - B. An ominous sign of asthma
 - C. Respiratory bacterial infection
 - D. Pulmonary embolism
- 9. What is the initial treatment strategy for cardiogenic shock?**
- A. Intravenous fluids followed by vasopressors
 - B. Immediate surgical intervention
 - C. Oral diuretics
 - D. Aggressive blood transfusion
- 10. What is the low-cost test to order for a ventilated patient who becomes confused with arm edema?**
- A. d-dimer
 - B. ultrasound
 - C. VQ scan
 - D. ankle brachial index

Answers

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

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Explanations

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1. For a patient with HIV who tests positive for TB, what is the first step in treatment?

- A. Immediate initiation of antiretroviral therapy
- B. Culture x 3**
- C. Start DOT therapy
- D. Pulmonary function tests

For a patient with HIV who tests positive for tuberculosis (TB), the first step in treatment is to conduct cultures for TB. This is crucial because it helps confirm the diagnosis of active TB and determines the susceptibility of the bacteria to various antitubercular medications. Proper identification of the strain of TB through culture is essential for guiding effective treatment. In patients with HIV, the complexity of managing concurrent infections is heightened; hence, accurately diagnosing and assessing the type of TB is extremely important. While antiretroviral therapy is vital for managing HIV, it is not the immediate step when a patient tests positive for TB without proper confirmation. Initiating directly observed therapy (DOT) for TB may also follow later confirmation of the TB diagnosis, and pulmonary function tests, while potentially relevant in the broader assessment of lung health, are not the immediate priority in addressing the suspected TB.

2. If an NP administers timolol to a patient with closed-angle glaucoma, what effect should be expected?

- A. Increased visual acuity
- B. Reduced intraocular pressure
- C. Reduced pain**
- D. Improved peripheral vision

In the context of closed-angle glaucoma, administering timolol, which is a non-selective beta-blocker, primarily functions to reduce intraocular pressure (IOP). By lowering IOP, timolol helps alleviate some of the symptoms associated with glaucoma, including pain. Patients with closed-angle glaucoma typically experience significant pain due to the sudden increase in pressure within the eye caused by the closure of the angle between the iris and cornea. While timolol does indeed reduce intraocular pressure, which can indirectly lead to improvements in visual function and comfort over time, the immediate anticipated effect is pain relief. This is critical in closed-angle glaucoma, where the acute rise in pressure can be both painful and damaging to optic nerve function. In contrast, increased visual acuity, improved peripheral vision, and reduced intraocular pressure are results that may follow successful treatment over time but are not the primary, expected immediate effects upon administration of timolol in an acute situation. The primary goal in the acute management of closed-angle glaucoma remains the reduction of IOP and associated pain relief.

3. What is the reason that temporal arteritis requires immediate treatment?

- A. Prevent systemic infection
- B. Avoid progression to stroke
- C. Prevent blindness in the affected eye**
- D. Reduce headache severity

Temporal arteritis, also known as giant cell arteritis, is an important condition that primarily affects the arteries in the head, particularly those supplying the eyes, which makes immediate treatment crucial. The major reason for prompt intervention is to prevent blindness in the affected eye. Temporal arteritis can lead to significant inflammation of the arteries, and if not treated swiftly with corticosteroids, this inflammation can compromise blood flow to the optic nerve, resulting in irreversible vision loss. Effective and early treatment with high-dose corticosteroids can significantly reduce the risk of vision complications and is essential to preserve sight in patients who are at high risk due to this condition. This risk of acute vision loss is particularly pertinent when symptoms such as sudden visual disturbances, headache, or jaw claudication are present. Each of these symptoms raises the suspicion for temporal arteritis and underscores the necessity for prompt medical intervention to safeguard against permanent damage.

4. What is the recommended treatment for venous stasis ulcers?

- A. Application of prescribed ointments
- B. Elevation of the extremity
- C. Use of compression stockings**
- D. Antibiotic therapy

Compression therapy is the cornerstone of treatment for venous stasis ulcers. This approach improves venous return, reduces swelling, and promotes healing by providing consistent pressure to the lower extremities. Compression stockings or bandages enhance venous blood flow and help prevent further ulcer formation by decreasing venous hypertension, which is a major contributing factor to the development of these ulcers. While elevation of the extremity can be beneficial and may reduce swelling temporarily, it does not directly address the underlying venous insufficiency nor does it play a primary role in the healing process of venous stasis ulcers. The application of prescribed ointments may provide some symptomatic relief but should not replace compression therapy as the main treatment method. Antibiotic therapy is indicated only in cases where there is an active infection, and it does not address the primary issue of poor venous circulation related to stasis ulcers. Overall, compression therapy is established as the most effective long-term treatment strategy for these types of ulcers, making it the recommended option.

5. Which medication is commonly administered during the initial management of septic shock?

- A. Epinephrine
- B. Norepinephrine**
- C. Vasopressin
- D. Phenylephrine

Norepinephrine is the medication commonly administered during the initial management of septic shock due to its potent vasoconstrictive properties and its ability to increase cardiac output, which are crucial in addressing the hypotension associated with septic shock. This condition is characterized by widespread vasodilation resulting from the systemic inflammatory response to infection, leading to significant drops in blood pressure. Norepinephrine acts primarily on alpha-1 adrenergic receptors, causing vasoconstriction, and it also has some effect on beta-1 adrenergic receptors, which can enhance myocardial contractility. This combination helps restore perfusion to vital organs and improves overall hemodynamic stability in critically ill patients. While epinephrine and vasopressin can also be used in the context of septic shock, norepinephrine is generally considered the first-line agent, especially in the early stages of management. Epinephrine is often reserved for cases where there is significant cardiac dysfunction, and vasopressin may be added later or in specific scenarios. Phenylephrine primarily acts as a selective alpha-1 agonist with less effect on cardiac output and is less favored in septic shock management because it does not adequately support cardiac performance. The choice of norepinephrine aligns with current guidelines

6. If a NP notices unfavorable outcomes in sickle cell anemia patients, what is the best approach to improve care?

- A. Form individualized treatment plans
- B. Standardize treatment plans for all patients**
- C. Increase medication dosages
- D. Limit patient access to specialists

The best approach to improve care for patients with sickle cell anemia, especially when unfavorable outcomes are observed, is to form individualized treatment plans. Each patient with sickle cell anemia presents unique challenges and responses to treatment due to genetic variability, differing health statuses, and individual pain management needs. Formulating individualized treatment plans allows healthcare providers to tailor interventions based on specific characteristics of each patient, including their history of vaso-occlusive crises, coexisting medical conditions, and response to previous therapies. This personalized approach enhances the quality and effectiveness of care and can lead to better management of the disease, improved patient adherence to treatment, and ultimately better health outcomes. In contrast, standardizing treatment plans may overlook important factors specific to individual patients, thereby limiting the effectiveness of care. Increasing medication dosages without careful consideration of a patient's unique needs and risks can lead to toxicity or adverse effects. Limiting patient access to specialists would likely exacerbate care deficiencies, given that management of sickle cell anemia often requires multi-disciplinary approaches for optimal patient outcomes. Therefore, the most effective strategy lies in customizing treatment plans to address the specific needs of each patient.

7. Which symptom is NOT commonly found in the pre-icteric phase of hepatitis?

- A. Fatigue
- B. Jaundice**
- C. Anorexia
- D. Nausea and vomiting

Jaundice is not typically present during the pre-icteric phase of hepatitis. The pre-icteric phase, also known as the prodromal phase, usually occurs a week or two before the onset of jaundice and is characterized by a range of nonspecific symptoms. Fatigue, anorexia, and nausea and vomiting are common during this phase as the liver becomes inflamed and begins to lose its functional capacity. Jaundice itself is the result of elevated bilirubin levels in the blood, which indicates that liver dysfunction has progressed further. The timing of symptoms is important; jaundice appears later in the disease course, making it a hallmark of the icteric phase rather than the pre-icteric phase. Therefore, the absence of jaundice during the pre-icteric phase confirms that it is not a symptom typically found at that stage of hepatitis.

8. What does paradoxical abdominal and diaphragmatic movement indicate in a patient?

- A. Symptoms of anxiety disorder
- B. An ominous sign of asthma**
- C. Respiratory bacterial infection
- D. Pulmonary embolism

Paradoxical abdominal and diaphragmatic movement is a clinical sign that indicates the presence of respiratory distress. This phenomenon often occurs when there is an impairment in the normal mechanics of breathing. In the context of respiratory conditions, such as asthma, this type of movement can reflect significant respiratory compromise. During asthma exacerbations, there is a risk of airway obstruction and inadequate ventilation, which can lead to patients using accessory muscles of respiration and exhibiting abnormal breathing patterns. In patients with asthma, paradoxical movement of the diaphragm and abdomen can signal severe episodes where the patient struggles for air, and normal patterns become disrupted. This could indicate that the patient is unable to achieve effective ventilation, necessitating immediate medical attention. Observing this abnormality suggests that the respiratory muscles are not functioning optimally, which is particularly concerning in the context of asthma. While the other options present potential causes for respiratory distress, they do not directly correlate with the specific pattern of paradoxical breathing being indicative of asthma or highlight the urgent nature of the condition as clearly as option B.

9. What is the initial treatment strategy for cardiogenic shock?

A. Intravenous fluids followed by vasopressors

B. Immediate surgical intervention

C. Oral diuretics

D. Aggressive blood transfusion

The initial treatment strategy for cardiogenic shock focuses on improving cardiac output and perfusion while ensuring adequate preload. Administering intravenous fluids is crucial, as it helps to increase circulating volume and improve cardiac filling pressures. However, the amount of fluid must be cautiously managed to avoid fluid overload, especially in patients with compromised cardiac function. After administering fluids, if hypotension persists, the use of vasopressors becomes necessary to maintain adequate mean arterial pressure and ensure perfusion of vital organs. Vasopressors like norepinephrine or dopamine can help increase systemic vascular resistance and improve contractility, which are vital in the management of cardiogenic shock. Immediate surgical intervention may be required in cases of obstructive cardiogenic shock or specific conditions such as a myocardial infarction with severe mechanical complications, but it is not the first step in all cases of cardiogenic shock. Oral diuretics are inappropriate as an initial treatment because they reduce preload and could further compromise an already low cardiac output situation. Lastly, aggressive blood transfusion is not a standard primary strategy in managing cardiogenic shock unless there is a clear indication of acute hemorrhage contributing to the condition. Thus, the combination of intravenous fluids followed by vasopressors provides a balanced and effective approach to

10. What is the low-cost test to order for a ventilated patient who becomes confused with arm edema?

A. d-dimer

B. ultrasound

C. VQ scan

D. ankle brachial index

Ordering an ultrasound is a prudent choice in the case of a ventilated patient who presents with confusion and arm edema. This imaging modality is non-invasive and can quickly assess for a variety of potential underlying issues, such as deep vein thrombosis (DVT) or other vascular concerns that may not be immediately apparent through a physical exam, especially in a patient who may be confused or unable to cooperate fully. Given that the confusion and edema could indicate a significant complication, such as a thrombus affecting blood flow or causing discomfort, an ultrasound provides real-time visual information about blood flow and tissue status. It allows for immediate assessment of any vascular abnormalities that may require urgent intervention. While other options such as D-dimer testing can provide information regarding clotting tendencies, they are not as direct and immediate in assessing the physical condition of the patient as an ultrasound. Similarly, while a VQ scan could evaluate for pulmonary embolism, it is more complex and expensive, making it less appropriate as an initial test in this scenario. The ankle-brachial index, while useful for assessing peripheral artery disease, would not provide relevant information regarding arm edema and confusion in this context.

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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