

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

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## **Questions**

- 1. What is a classic auscultatory finding in patients with aortic stenosis?**
  - A. A diastolic murmur**
  - B. A harsh, crescendo-decrescendo systolic murmur**
  - C. A continuous "machinery" murmur**
  - D. A high-pitched systolic ejection murmur**
- 2. What types of food should be avoided when taking monoamine oxidase inhibitors?**
  - A. Fresh fruits**
  - B. Fermented, aged cheeses**
  - C. Lean meats**
  - D. Leafy greens**
- 3. Under what circumstances should antibiotics be prescribed for bite wounds?**
  - A. If the bite is on the leg**
  - B. If there are signs of infection**
  - C. Only for animal bites**
  - D. For all bites regardless of location**
- 4. Which group is primarily advised to receive the Hepatitis B vaccine?**
  - A. Travelers**
  - B. Healthcare workers and high-risk patients**
  - C. All newborns**
  - D. Individuals living in endemic areas**
- 5. Peripheral alpha 1 antagonists are primarily used for which condition?**
  - A. Hypertension**
  - B. Benign prostatic hyperplasia (BPH)**
  - C. Heart failure**
  - D. Heart rhythm disorders**



- 6. What is a common cause of bowel perforation?**
- A. Chronic cough**
  - B. Pleural effusion**
  - C. Diverticulitis**
  - D. Gastritis**
- 7. What causes pre-renal failure?**
- A. Intrinsic renal damage**
  - B. Obstructive processes**
  - C. Decreased renal perfusion**
  - D. Chronic kidney disease**
- 8. What is beta thalassemia characterized by?**
- A. Decreased synthesis of beta-globin chains**
  - B. Increased synthesis of beta-globin chains**
  - C. Absence of alpha-globin chains**
  - D. Normal hemoglobin levels**
- 9. What lab result is typically seen in chronic lymphocytic leukemia (CLL)?**
- A. High platelet count**
  - B. Smudge cells on a blood smear**
  - C. Presence of blasts in the blood**
  - D. Philadelphia chromosome**
- 10. Which of the following indicates hypocalcemia?**
- A. Calcium levels of 10.0 mg/dL**
  - B. Calcium levels of 9.5 mg/dL**
  - C. Calcium levels of 8.0 mg/dL**
  - D. Calcium levels of 11.0 mg/dL**

## **Answers**

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

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## **Explanations**

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**1. What is a classic auscultatory finding in patients with aortic stenosis?**

- A. A diastolic murmur
- B. A harsh, crescendo-decrescendo systolic murmur**
- C. A continuous "machinery" murmur
- D. A high-pitched systolic ejection murmur

A harsh, crescendo-decrescendo systolic murmur is characteristic of aortic stenosis. This type of murmur occurs due to the turbulent blood flow generated as blood is ejected through the narrowed aortic valve during systole. The crescendo-decrescendo pattern reflects the increasing intensity of the murmur as the left ventricle contracts and then decreases as the heart's ventricle finishes its ejection phase. This specific sound can be best heard at the second intercostal space, typically in the right sternal border area, and is often accompanied by a diminished or absent second heart sound (S2) due to the stiffened aortic valve. A diastolic murmur suggests abnormalities of the aortic or mitral valves but is not typically associated with aortic stenosis. A continuous "machinery" murmur is typically heard in patients with patent ductus arteriosus, not aortic stenosis. A high-pitched systolic ejection murmur is more descriptive of other conditions, such as pulmonary stenosis, and does not accurately characterize the classic finding in aortic stenosis. Hence, the identification of the distinctive crescendo-decrescendo quality of the systolic murmur solidifies why this auscultatory finding

**2. What types of food should be avoided when taking monoamine oxidase inhibitors?**

- A. Fresh fruits
- B. Fermented, aged cheeses**
- C. Lean meats
- D. Leafy greens

When taking monoamine oxidase inhibitors (MAOIs), it is crucial to avoid fermented and aged cheeses due to the presence of tyramine. Tyramine is a naturally occurring compound that can lead to hypertensive crises when ingested in large amounts, especially in individuals taking MAOIs. These medications inhibit the enzyme monoamine oxidase, which is responsible for breaking down tyramine in the body. When this enzyme's activity is reduced, high levels of tyramine can accumulate, potentially causing severe increases in blood pressure and other serious health issues. Fermented and aged cheeses, such as blue cheese, cheddar, and Parmesan, are particularly high in tyramine and should be strictly avoided. Other food items that also contain high levels of tyramine include cured meats, fermented soy products, and certain alcoholic beverages. While fresh fruits, lean meats, and leafy greens are generally safe to consume while on MAOIs, they do not pose the same risks associated with tyramine content. This is why the focus is on avoiding the specific category of aged and fermented cheeses when taking these medications.

**3. Under what circumstances should antibiotics be prescribed for bite wounds?**

- A. If the bite is on the leg**
- B. If there are signs of infection**
- C. Only for animal bites**
- D. For all bites regardless of location**

Antibiotics should be prescribed for bite wounds primarily when there are signs of infection present. This is crucial because the presence of infection indicates that bacteria may have entered the wound, posing a risk of further complications, such as abscess formation or systemic infection. In a clinical context, bite wounds, whether from human or animal sources, can introduce various pathogens. When signs of infection—such as swelling, redness, warmth, pus, or fever—are evident, prophylactic or therapeutic antibiotics can help mitigate these risks and support the healing process. While it's true that some guidelines recommend considering the location of the bite or the type of animal involved, it is the presence of infection that dictates the need for antibiotic therapy, making this the most appropriate trigger for intervention. Therefore, in the absence of infection, a bite wound might be managed conservatively without the need for antibiotics.

**4. Which group is primarily advised to receive the Hepatitis B vaccine?**

- A. Travelers**
- B. Healthcare workers and high-risk patients**
- C. All newborns**
- D. Individuals living in endemic areas**

The primary group advised to receive the Hepatitis B vaccine includes healthcare workers and high-risk patients due to their increased risk of exposure to the virus. Healthcare workers are routinely exposed to blood and other bodily fluids, placing them at greater risk for potential infection. Additionally, high-risk patients, such as those with chronic liver disease, individuals who receive frequent blood transfusions, people who inject drugs, and those with multiple sexual partners, are also at a higher risk for contracting Hepatitis B. While travelers may also need vaccination depending on their destination, they are not the primary focus since the vaccine is particularly critical for those in healthcare settings or those with significant risk factors. All newborns receiving the vaccine is an important public health initiative, but the emphasis here is primarily on high-risk groups who require urgent protection against Hepatitis B exposure. Individuals living in endemic areas are certainly at risk, but the question highlights specific groups that are directly prioritized for vaccination based on their occupational and health-related vulnerabilities.

**5. Peripheral alpha 1 antagonists are primarily used for which condition?**

**A. Hypertension**

**B. Benign prostatic hyperplasia (BPH)**

**C. Heart failure**

**D. Heart rhythm disorders**

Peripheral alpha-1 antagonists are primarily used in the treatment of benign prostatic hyperplasia (BPH) because they work by selectively blocking alpha-1 adrenergic receptors in the smooth muscle of the prostate and bladder neck. This blockage results in the relaxation of these muscles, thereby alleviating urinary symptoms such as difficulty in starting or maintaining urination. By improving urinary flow and reducing bladder outlet obstruction, these medications effectively manage BPH symptoms. While peripheral alpha-1 antagonists can have effects on blood pressure due to their action on vascular smooth muscle, they are not the first-line treatment for hypertension. Other medications, such as ACE inhibitors, diuretics, or calcium channel blockers, are typically preferred for managing high blood pressure. Similarly, their roles in heart failure and heart rhythm disorders are limited, as these conditions usually require different classes of medications for effective management.

**6. What is a common cause of bowel perforation?**

**A. Chronic cough**

**B. Pleural effusion**

**C. Diverticulitis**

**D. Gastritis**

Bowel perforation is often associated with conditions that lead to increased pressure or inflammation in the gastrointestinal tract, and diverticulitis is one of the most common causes. This condition involves inflammation or infection of diverticula, which are small pouches that can form in the wall of the colon. When diverticula become inflamed, they can weaken the intestinal wall, potentially leading to perforation. A perforated bowel can result in the leakage of intestinal contents into the abdominal cavity, leading to serious complications such as peritonitis. Other conditions mentioned, such as chronic cough, pleural effusion, and gastritis, are not typically direct causes of bowel perforation. Chronic cough may lead to complications related to the respiratory system, pleural effusion is related to fluid accumulation in the thoracic cavity, and gastritis involves inflammation of the stomach lining, none of which usually impact the integrity of the bowel to the extent seen in diverticulitis.

## 7. What causes pre-renal failure?

- A. Intrinsic renal damage
- B. Obstructive processes
- C. Decreased renal perfusion**
- D. Chronic kidney disease

Pre-renal failure is primarily caused by decreased renal perfusion, which refers to a reduction in blood flow to the kidneys. This reduced blood flow can result from a variety of systemic conditions such as dehydration, hemorrhage, heart failure, or any condition that compromises cardiac output. The kidneys rely on adequate perfusion to filter blood and maintain their function, so when perfusion is decreased, they cannot adequately perform their role in excreting waste and regulating electrolytes and fluid balance. In this context, intrinsic renal damage would imply that the kidney's own structures are affected, which aligns more with intrinsic renal failure rather than pre-renal. Obstructive processes could lead to post-renal failure, where an obstruction to urine outflow causes back pressure on the kidneys. Chronic kidney disease refers to the progressive loss of kidney function over time and is not specifically a cause of pre-renal failure but rather a category of renal failure resulting from ongoing injury. Therefore, decreased renal perfusion is the critical factor that leads to pre-renal failure, making it the correct cause in this scenario.

## 8. What is beta thalassemia characterized by?

- A. Decreased synthesis of beta-globin chains**
- B. Increased synthesis of beta-globin chains
- C. Absence of alpha-globin chains
- D. Normal hemoglobin levels

Beta thalassemia is characterized by decreased synthesis of beta-globin chains. This genetic disorder results from mutations in the HBB gene that encodes for beta-globin, which is a component of hemoglobin. In individuals with beta thalassemia, the reduction or absence of beta-globin production leads to an imbalance in the ratio of alpha- to beta-globin chains. This imbalance results in ineffective erythropoiesis and hemolysis, causing anemia. The clinical manifestations of beta thalassemia also reflect this deficiency, as individuals may experience symptoms of anemia, fatigue, and pallor, while laboratory tests may reveal reduced hemoglobin levels and an elevated fetal hemoglobin (HbF) level due to the relative excess of alpha-globin chains. This understanding of beta thalassemia helps in diagnosing and managing the condition effectively.



**9. What lab result is typically seen in chronic lymphocytic leukemia (CLL)?**

- A. High platelet count**
- B. Smudge cells on a blood smear**
- C. Presence of blasts in the blood**
- D. Philadelphia chromosome**

The presence of smudge cells on a blood smear is a hallmark laboratory finding in chronic lymphocytic leukemia (CLL). Smudge cells are remnants of lymphocytes that have broken down during the preparation of the blood smear. In CLL, the abnormal proliferation of lymphocytes can lead to their fragility, resulting in these characteristic smudge cells appearing in the blood samples. Analyzing the other choices, a high platelet count is not typically associated with CLL, as patients often experience thrombocytopenia due to bone marrow infiltration and disruption of normal hematopoiesis. The presence of blasts in the blood is more characteristic of acute leukemias rather than a chronic condition like CLL. Lastly, the Philadelphia chromosome is primarily linked to chronic myeloid leukemia (CML) and is not associated with CLL, which is defined more by its genetic and cellular characteristics. Therefore, smudge cells accurately represent a significant laboratory finding specific to chronic lymphocytic leukemia.

**10. Which of the following indicates hypocalcemia?**

- A. Calcium levels of 10.0 mg/dL**
- B. Calcium levels of 9.5 mg/dL**
- C. Calcium levels of 8.0 mg/dL**
- D. Calcium levels of 11.0 mg/dL**

Hypocalcemia is defined as having abnormally low levels of calcium in the blood. The normal range for calcium levels typically falls between 8.5 to 10.5 mg/dL. Therefore, a calcium level of 8.0 mg/dL falls below this normal range, indicating hypocalcemia. Low calcium levels may lead to various symptoms, including muscle spasms, tingling sensations, and cardiac issues, due to calcium's vital role in neuromuscular and cardiovascular function. Recognizing calcium levels that indicate a deficiency is crucial for proper diagnosis and treatment. The other provided levels are within normal limits or above, thus not indicating hypocalcemia.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://anccagacnp.examzify.com>**

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