

ANCC ADULT- GERONTOLOGY ACUTE CARE NURSE PRACTITIONER CERTIFICATION (AGACNP) PRACTICE TEST (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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 of the following conditions can cause decreased oncotic pressure leading to a transudate effusion?**
 - A. Acute pancreatitis
 - B. Chronic liver disease
 - C. Pneumonia
 - D. Heart attack

- 2. Can LABA be used alone as monotherapy in patients with persistent asthma?**
 - A. Yes, it is the first-line treatment
 - B. No, it should not be used alone
 - C. Only for rescue medication
 - D. Yes, but only in combination with steroids

- 3. What is the main principle behind the Stark Law?**
 - A. It regulates nurse licensure
 - B. It prohibits kickbacks in healthcare
 - C. It makes it illegal to refer Medicare patients to services with financial relationships
 - D. It mandates reporting of medical errors

- 4. Which of the following is the effect of spasticity when rapid limb movement occurs?**
 - A. Consistent resistance throughout movement
 - B. A sudden release after brief resistance
 - C. Uniform flexibility at all times
 - D. Increased strength in muscle contraction

- 5. What is the most reliable method to confirm rhabdomyolysis?**
 - A. Blood test
 - B. CT scan
 - C. Urinalysis
 - D. Ultrasound

- 6. Which approach is used in Step 2 of the WHO pain management ladder?**
- A. Only NSAIDs
 - B. Maintaining Step 1 and adding a low opioid
 - C. Switching to stronger opioids
 - D. Using only adjuvants
- 7. What health condition is influenced by high doses of evening primrose oil?**
- A. Reduced cholesterol levels
 - B. Elevated blood glucose
 - C. Increased thyroid function
 - D. Dehydration
- 8. Fay Abdullah's theory of nursing emphasizes care for what?**
- A. The individual's physical needs only
 - B. The whole person including physical, spiritual, and social
 - C. Technological efficiency in nursing practice
 - D. The patient's cultural background
- 9. Which condition is characterized by a macrocytic, normochromic anemia?**
- A. Iron deficiency anemia
 - B. Pernicious anemia
 - C. Thalassemia
 - D. Hemolytic anemia
- 10. At what age should adults receive the PNA vaccine if they are smokers or have asthma?**
- A. Age 19-24
 - B. Age 40-50
 - C. Age 19-64
 - D. Age 65-70

Answers

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

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Explanations

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1. Which of the following conditions can cause decreased oncotic pressure leading to a transudate effusion?

- A. Acute pancreatitis
- B. Chronic liver disease**
- C. Pneumonia
- D. Heart attack

Decreased oncotic pressure is often related to low serum protein levels, which can occur in various medical conditions. Chronic liver disease is particularly relevant in this context because the liver plays a critical role in synthesizing albumin, a major protein that maintains oncotic pressure in the bloodstream. When the liver is compromised, as in cirrhosis or severe hepatic dysfunction, the production of albumin decreases significantly, leading to a reduction in oncotic pressure. This can result in transudative pleural effusions as fluid shifts out of the vasculature into the pleural space due to the imbalanced pressures. In contrast, conditions such as acute pancreatitis may lead to exudative effusions, primarily due to inflammation rather than decreased oncotic pressure. Pneumonia typically causes exudative effusions as well, due to inflammatory mediators increasing vascular permeability. Lastly, a heart attack may lead to congestive heart failure and increased hydrostatic pressure but does not directly impact oncotic pressure in the same way that chronic liver disease does. Understanding the underlying mechanisms of these conditions is essential to accurately predict fluid dynamics and effusion characteristics.

2. Can LABA be used alone as monotherapy in patients with persistent asthma?

- A. Yes, it is the first-line treatment
- B. No, it should not be used alone**
- C. Only for rescue medication
- D. Yes, but only in combination with steroids

Long-acting beta-agonists (LABAs) should not be used alone as monotherapy in patients with persistent asthma due to the risk of increased asthma-related morbidity and mortality. LABAs are effective bronchodilators that provide prolonged relief of bronchospasm; however, they do not address the underlying inflammation characteristic of asthma. In the management of persistent asthma, inhaled corticosteroids (ICS) are typically the first-line treatment for controlling inflammation and preventing exacerbations. When LABAs are combined with inhaled corticosteroids, they can provide a synergistic effect, improving overall asthma control. This combination is recommended to ensure that patients receive both long-term bronchodilation and anti-inflammatory treatment. The primary concern with using LABAs alone is that they may mask the symptoms of worsening asthma, leading to delays in receiving appropriate anti-inflammatory treatment. Therefore, for patients with persistent asthma, the standard approach is to use LABAs only in conjunction with inhaled corticosteroids.

3. What is the main principle behind the Stark Law?

- A. It regulates nurse licensure
- B. It prohibits kickbacks in healthcare
- C. It makes it illegal to refer Medicare patients to services with financial relationships**
- D. It mandates reporting of medical errors

The main principle behind the Stark Law is to prohibit physician self-referral, particularly concerning Medicare and Medicaid patients. This law makes it illegal for healthcare providers to refer patients for designated health services to entities with which they have a financial relationship, unless certain exceptions are met. The intention of the Stark Law is to prevent conflicts of interest and ensure that patient care decisions are based on medical necessity rather than financial incentives. By restricting such referrals, the law aims to promote a higher standard of care and safeguard the integrity of the healthcare system. While the other options touch on relevant aspects of healthcare regulations, they do not directly align with the primary focus of the Stark Law. For instance, regulating nurse licensure is more about ensuring that nursing professionals meet educational and professional standards. The prohibition of kickbacks is governed by the Anti-Kickback Statute, which addresses financial incentives in a broader sense than the Stark Law. Finally, the mandate for reporting medical errors is comprehensive and relates to patient safety and quality of care, but it does not specifically pertain to the principles of the Stark Law.

4. Which of the following is the effect of spasticity when rapid limb movement occurs?

- A. Consistent resistance throughout movement
- B. A sudden release after brief resistance**
- C. Uniform flexibility at all times
- D. Increased strength in muscle contraction

Spasticity is characterized by an abnormal increase in muscle tone or stiffness, which can lead to difficulty in controlling movement. When rapid limb movement occurs in a person with spasticity, a sudden release of resistance after brief resistance is commonly observed. This phenomenon is often referred to as the "clasp-knife response," where there is initial stiffness that suddenly gives way. This occurs because the neural pathways responsible for muscle tone are hyperactive, causing the muscles to resist movement initially, but they may not sustain that resistance as the movement velocity increases. The correct answer highlights how spasticity can result in abrupt changes in resistance during rapid motions, which is essential for understanding the dynamics of movement in individuals with spasticity. This can impact physical therapy approaches and the management of spasticity in clinical practice, as recognizing this pattern can inform treatment strategies aimed at improving mobility and function.

5. What is the most reliable method to confirm rhabdomyolysis?

- A. Blood test
- B. CT scan
- C. Urinalysis**
- D. Ultrasound

Rhabdomyolysis is a condition characterized by the breakdown of muscle tissue, leading to the release of muscle fibers and myoglobin into the bloodstream, which can result in kidney damage. The most reliable method to confirm rhabdomyolysis is through urinalysis. In cases of rhabdomyolysis, the presence of myoglobin in the urine is a key indicator. Urinalysis can reveal reddish-brown urine, which is often associated with myoglobinuria, resulting from the breakdown of muscle fibers. A positive urine dipstick test for blood, with minimal or no red blood cells detected microscopically, typically suggests the presence of myoglobin. While blood tests, such as serum creatine kinase (CK) levels, are useful in diagnosing rhabdomyolysis, they may not be as immediate and specific in demonstrating the impact on the urine. CT scans and ultrasounds do not provide information about muscle breakdown or myoglobin release, as they are imaging techniques primarily used to assess structural abnormalities rather than biochemical or physiological functions directly related to rhabdomyolysis. Therefore, urinalysis stands out as the most reliable method for confirming this condition.

6. Which approach is used in Step 2 of the WHO pain management ladder?

- A. Only NSAIDs
- B. Maintaining Step 1 and adding a low opioid**
- C. Switching to stronger opioids
- D. Using only adjuvants

Step 2 of the WHO pain management ladder focuses on the comprehensive approach to managing moderate pain. The correct option, which involves maintaining the use of non-opioid analgesics (like NSAIDs or acetaminophen) from Step 1 while adding a low-dose opioid, is essential for effectively relieving moderate pain. This strategy enhances analgesia without completely replacing the non-opioid medications that may be providing some relief. The inclusion of a low opioid allows for better control of pain for patients whose needs are not adequately met by non-opioid medications alone. This dual approach can maximize pain relief and minimize side effects often associated with higher doses of opioids. In contrast, using only NSAIDs would not provide adequate relief for moderate pain. Transitioning directly to stronger opioids in this step alone overlooks the potential benefits of combination therapy and could escalate the risk of opioid-related adverse effects. Similarly, relying solely on adjuvants neglects the importance of addressing pain through both non-opioid and opioid analgesics, which is integral to effective pain management as outlined by the WHO. Thus, the option of maintaining Step 1 and adding a low opioid represents the balanced, stepwise approach that the WHO advocates for managing pain effectively.

7. What health condition is influenced by high doses of evening primrose oil?

- A. Reduced cholesterol levels
- B. Elevated blood glucose**
- C. Increased thyroid function
- D. Dehydration

Evening primrose oil is primarily known for its high content of gamma-linolenic acid (GLA), which is an omega-6 fatty acid. While it has a variety of health benefits, research indicates that high doses of evening primrose oil can lead to elevated blood glucose levels. This effect is attributed to the fact that the conversion of GLA to prostaglandins may influence insulin sensitivity and glucose metabolism. High doses of evening primrose oil can also affect the hormonal balance and metabolism, potentially leading to alterations in how the body processes glucose, which could contribute to increased blood glucose levels. It's important to monitor blood glucose, especially in individuals with diabetes or metabolic disorders, to avoid complications associated with elevated blood sugar. This link is particularly pertinent and beneficial for nursing practitioners to consider, especially when discussing supplementation with patients who might be at risk for insulin resistance or other metabolic issues.

8. Fay Abdullah's theory of nursing emphasizes care for what?

- A. The individual's physical needs only
- B. The whole person including physical, spiritual, and social**
- C. Technological efficiency in nursing practice
- D. The patient's cultural background

Fay Abdullah's theory of nursing focuses on the holistic approach to patient care, emphasizing the importance of addressing the whole person rather than just isolated physical needs. This perspective recognizes that individuals are complex beings with interconnected dimensions, including physical, spiritual, social, and emotional aspects. By considering these multiple facets, caregivers can provide more effective and comprehensive care that enhances overall well-being and quality of life. This holistic framework encourages nurses to develop a deeper understanding of their patients, which can lead to better health outcomes and more meaningful interactions. Focusing solely on physical needs would neglect the influences of social and spiritual factors that also impact a patient's health. Emphasizing technological efficiency might improve certain processes but could overlook the essential human elements of care. Additionally, while recognizing a patient's cultural background is important, Abdullah's theory presents a more comprehensive view that extends beyond culture alone, incorporating all elements that constitute the individual.

9. Which condition is characterized by a macrocytic, normochromic anemia?

- A. Iron deficiency anemia
- B. Pernicious anemia**
- C. Thalassemia
- D. Hemolytic anemia

Pernicious anemia is characterized by macrocytic, normochromic anemia due to a deficiency in vitamin B12, which is essential for DNA synthesis in red blood cell production. When there is inadequate vitamin B12, the red blood cells produced are larger than normal (macrocytic) and tend to retain normal color due to adequate hemoglobin content (normochromic). This type of anemia often results from an autoimmune destruction of cells in the stomach that produce intrinsic factor, necessary for vitamin B12 absorption. In contrast, the other conditions mentioned do not present with macrocytic normochromic anemia. Iron deficiency anemia typically results in microcytic, hypochromic red blood cells due to insufficient iron levels. Thalassemia is a genetic disorder leading to microcytic anemia as well, related to hemoglobin production deficits. Hemolytic anemia is characterized by the premature destruction of red blood cells, leading to a different set of morphological changes depending on the underlying cause but does not typically lead to macrocytosis. Thus, pernicious anemia is the only condition among the choices that presents with the specific characteristics of macrocytic, normochromic anemia.

10. At what age should adults receive the PNA vaccine if they are smokers or have asthma?

- A. Age 19-24
- B. Age 40-50
- C. Age 19-64**
- D. Age 65-70

Adults who are smokers or have asthma are at an increased risk for pneumonia, making vaccination against pneumococcal disease crucial for these populations. The recommendation for pneumococcal vaccination is to start administering it at age 19 and continue to do so until age 64, particularly if individuals have certain risk factors such as chronic respiratory conditions like asthma or engage in behaviors like smoking. The guidelines emphasize the importance of protecting this demographic, given that they have a higher likelihood of complications from pneumonia. Therefore, starting the vaccination at age 19 and continuing up to age 64 aligns with established health recommendations designed to reduce morbidity and mortality from pneumococcal infections in high-risk adult populations. Choosing to vaccinate at this age range helps ensure that individuals have adequate protection during their most vulnerable years before reaching the age where general recommendations shift for pneumococcal vaccinations, typically starting again around age 65.

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://anccagacnp.examzify.com>

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

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