

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



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
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. What is the most common risk factor for lithium toxicity?**
 - A. Renal failure
 - B. Dehydration and low sodium levels
 - C. Excessive caffeine intake
 - D. Concurrent use of diuretics

- 2. 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

- 3. What is the classic sign of pericarditis during assessment?**
 - A. Chest pain that worsens with lying down
 - B. Chest pain that improves with sitting up
 - C. Shortness of breath
 - D. Rapid heart rate

- 4. What kind of tests can help monitor treatment for von Willebrand's disease?**
 - A. CBC and blood smear
 - B. Factor VIII:C activity and vWF Ag assay
 - C. Coagulation panel only
 - D. Genetic testing

- 5. Which of the following medications is an example of a Schedule IV drug?**
 - A. Oxycodone
 - B. Benzodiazepines
 - C. Pentobarbital
 - D. Hydromorphone

- 6. What is the first-line treatment for diverticulitis?**
- A. Surgical intervention
 - B. Broad spectrum antibiotics
 - C. Lifestyle modification
 - D. Pain management only
- 7. Which antifungal treatment is indicated for candidiasis?**
- A. Metronidazole
 - B. Miconazole
 - C. Fluconazole
 - D. Terbinafine
- 8. What labs need to be monitored for patients taking amiodarone?**
- A. Complete blood count (CBC)
 - B. Thyroid, liver, lung function tests
 - C. Electrolytes
 - D. Cardiac enzyme levels
- 9. What eye side effect is associated with digoxin?**
- A. Blurred vision
 - B. Yellow vision and halos
 - C. Double vision
 - D. Night blindness
- 10. What is the formula to calculate the anion gap?**
- A. $Na + (Cl + HCO_3)$
 - B. $Na - (Cl + HCO_3)$
 - C. $Na / (Cl + HCO_3)$
 - D. $Na + (Cl - HCO_3)$

Answers

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

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Explanations

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1. What is the most common risk factor for lithium toxicity?

- A. Renal failure
- B. Dehydration and low sodium levels**
- C. Excessive caffeine intake
- D. Concurrent use of diuretics

Dehydration and low sodium levels are the most common risk factors for lithium toxicity because lithium is a medication that is primarily excreted through the kidneys. Its serum levels are closely linked to the body's sodium balance and hydration status. When a patient is dehydrated or has low sodium, the kidneys may reabsorb more lithium, leading to increased serum levels and a higher risk of toxicity. This risk is especially notable because low sodium levels (hyponatremia) can occur due to various factors, including diuretic use, gastrointestinal losses, or inadequate fluid intake. In a dehydrated state or with hyponatremia, the body's ability to manage lithium levels is compromised, making toxicity more likely. Other options, while they can contribute to lithium toxicity, do not pose as immediate or common a risk as dehydration and low sodium levels. For instance, renal failure can lead to increased lithium levels, but many patients with renal issues are monitored closely for this reason. Excessive caffeine intake and concurrent use of diuretics can also play a role in affecting lithium levels but generally do not have as direct and prominent an effect on hydration and sodium balance as dehydration does. Therefore, ensuring adequate hydration and normal sodium levels is crucial in preventing

2. 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.

3. What is the classic sign of pericarditis during assessment?

- A. Chest pain that worsens with lying down
- B. Chest pain that improves with sitting up**
- C. Shortness of breath
- D. Rapid heart rate

The classic sign of pericarditis during assessment is chest pain that improves with sitting up. In patients with pericarditis, the pain is often sharp and located in the anterior chest, and it can be exacerbated by changes in position, especially when lying flat. Sitting up or leaning forward commonly alleviates this chest pain. This characteristic helps differentiate pericarditis from other causes of chest pain, such as myocardial infarction or pulmonary issues, where the position may not significantly affect pain. The pain associated with pericarditis can result from inflammation of the pericardial sac, leading to irritation. This unique feature of pain relief when sitting or leaning forward is pivotal in clinical assessment and aids in establishing the correct diagnosis. Understanding these nuances is essential for acute care nurse practitioners to effectively assess and triage patients presenting with chest pain.

4. What kind of tests can help monitor treatment for von Willebrand's disease?

- A. CBC and blood smear
- B. Factor VIII:C activity and vWF Ag assay**
- C. Coagulation panel only
- D. Genetic testing

Monitoring treatment for von Willebrand's disease primarily revolves around assessing the function and levels of von Willebrand factor (vWF) as well as Factor VIII activity, which are critical in understanding the effectiveness of therapy and the patient's response to treatment. The Factor VIII:C activity and vWF antigen (Ag) assay provide essential information about the concentration and functionality of both the von Willebrand factor and Factor VIII. Factor VIII levels can fluctuate, and understanding how they correlate with vWF levels is crucial since von Willebrand's disease is characterized by a deficiency or dysfunction of vWF, leading to bleeding tendencies. The vWF Ag assay quantifies the actual levels of von Willebrand factor in the blood, which is vital for tailoring therapeutic interventions. Other options, such as a complete blood count (CBC) and blood smear, may provide general information about blood components but do not specifically evaluate the hemostatic function related to von Willebrand's disease. Similarly, a coagulation panel alone does not provide adequate information about vWF and Factor VIII, while genetic testing, while informative for diagnosing inherited conditions, is not directly useful for monitoring ongoing treatment efficacy. Therefore, utilizing both the Factor VIII:C activity and vWF Ag assay offers targeted insights into the specific aspects of von

5. Which of the following medications is an example of a Schedule IV drug?

- A. Oxycodone
- B. Benzodiazepines**
- C. Pentobarbital
- D. Hydromorphone

Benzodiazepines are indeed classified as Schedule IV drugs under the Controlled Substances Act. This classification is based on their low potential for abuse relative to substances classified as Schedule I, II, or III drugs. While benzodiazepines can lead to physical dependence and have the potential for misuse, they are typically considered to have a lower risk compared to higher schedule drugs. In the context of pharmacology and substance control, Schedule IV drugs include substances that are generally accepted for medical use and have a lower potential for addiction. Benzodiazepines, which are commonly prescribed for anxiety, insomnia, and muscle spasms, fall into this category due to their therapeutic benefits and relatively lower risk of serious liabilities when used appropriately. Oxycodone and hydromorphone are classified as Schedule II drugs, indicating a higher potential for abuse and more stringent regulations concerning their prescription and availability. Pentobarbital is typically classified as a Schedule II or III drug, depending on its formulation and use. Thus, they do not fit the criteria of a Schedule IV drug.

6. What is the first-line treatment for diverticulitis?

- A. Surgical intervention
- B. Broad spectrum antibiotics**
- C. Lifestyle modification
- D. Pain management only

The first-line treatment for diverticulitis is the use of broad-spectrum antibiotics. This approach addresses the underlying infection that can occur due to diverticular inflammation or perforation. Broad-spectrum antibiotics are effective in targeting the common bacteria involved in diverticulitis, helping to reduce the infection and prevent complications such as abscess formation or peritonitis. When diverticulitis occurs, it frequently presents with abdominal pain, fever, and sometimes changes in bowel habits. The primary goal of treatment in uncomplicated diverticulitis is to manage these symptoms and treat the infection. Broad-spectrum antibiotics help achieve this balance, particularly when the diverticulitis is not severe and there are no significant complications that would necessitate surgery. While other management strategies, such as surgical intervention or lifestyle modifications, are important considerations in the broader context of diverticular disease, they are typically reserved for more complicated cases or for prevention of recurrent episodes. Surgical intervention is often considered when there are complications like abscesses, perforation, or significant bleed. Lifestyle modifications, including dietary changes and increased fiber intake, may play a role in preventing diverticulitis flare-ups, but they do not address acute episodes. Pain management is essential, but it is not sufficient as a standalone treatment since it does not resolve

7. Which antifungal treatment is indicated for candidiasis?

- A. Metronidazole
- B. Miconazole**
- C. Fluconazole
- D. Terbinafine

Miconazole is an antifungal agent used in the treatment of various fungal infections, including candidiasis, which is caused by Candida species. It is effective against mucosal candidiasis, such as oral thrush and vaginal yeast infections, due to its mechanism of action that disrupts the fungal cell membrane. Fluconazole, while also indicated for candidiasis, is typically the first-line treatment for systemic or more severe cases, and is very effective against a range of Candida infections. However, miconazole can be advantageous for topical applications or specific localized infections, impacting the choice depending on the site of the candidiasis. Metronidazole is primarily effective against anaerobic bacteria and certain protozoa, not fungi, and terbinafine is more effective for dermatophyte infections rather than candidiasis, so these options do not apply to the treatment for the fungal infection in question.

8. What labs need to be monitored for patients taking amiodarone?

- A. Complete blood count (CBC)
- B. Thyroid, liver, lung function tests**
- C. Electrolytes
- D. Cardiac enzyme levels

Monitoring for patients taking amiodarone is particularly crucial due to the drug's unique pharmacologic properties and potential side effects. Amiodarone is associated with various organ system toxicities, and regular assessment helps to mitigate risks and manage any emerging complications effectively. Thyroid function tests are essential since amiodarone contains iodine and can either induce hypothyroidism or hyperthyroidism, leading to significant metabolic disturbances. Additionally, liver function tests are important because amiodarone can cause hepatotoxicity, and regular monitoring ensures that any liver-related side effects are identified early. Lung function testing is necessary as well, as amiodarone is known to potentially cause pulmonary toxicity, including pulmonary fibrosis. While other laboratory tests could be relevant for specific situations—like electrolytes for the risk of arrhythmias or cardiac enzyme levels in instances of suspected acute coronary syndrome—they do not address the specific toxicities associated with amiodarone therapy. Therefore, the focus on thyroid, liver, and lung function tests is vital for the safe use of this medication.

9. What eye side effect is associated with digoxin?

- A. Blurred vision
- B. Yellow vision and halos**
- C. Double vision
- D. Night blindness

Digoxin, a medication commonly used to treat heart conditions such as atrial fibrillation and heart failure, can indeed cause specific visual disturbances as a side effect. The correct association is with yellow vision and halos. This phenomenon occurs due to digoxin's effects on the retinas and color perception. Patients may describe experiencing yellow-tinted vision or seeing halos around lights, which can be attributed to digoxin's modulation of neurotransmitters that influence visual processing. While blurred vision, double vision, and night blindness can occur in various ocular conditions or with other medications, they are not specifically recognized as characteristic side effects of digoxin. The unique visual disturbances associated with digoxin, including changes in color perception and the appearance of halos, are critical indicators for healthcare providers monitoring patients on this medication, as they can signal digoxin toxicity or the need for dosage adjustment. Understanding these effects is crucial for effective patient assessment and management.

10. What is the formula to calculate the anion gap?

- A. $\text{Na} + (\text{Cl} + \text{HCO}_3)$
- B. $\text{Na} - (\text{Cl} + \text{HCO}_3)$**
- C. $\text{Na} / (\text{Cl} + \text{HCO}_3)$
- D. $\text{Na} + (\text{Cl} - \text{HCO}_3)$

The anion gap is a critical laboratory value used to help identify the cause of metabolic acidosis. It helps assess the balance of electrolytes in the plasma and indicates the presence of unmeasured anions. The correct calculation of the anion gap is determined by subtracting the sum of chloride (Cl) and bicarbonate (HCO_3) from sodium (Na). This is represented mathematically as: $\text{Anion Gap} = \text{Sodium (Na)} - (\text{Chloride (Cl)} + \text{Bicarbonate (HCO}_3))$. This formula is essential for determining the anion gap, which assists in diagnosing conditions such as diabetic ketoacidosis, renal failure, and poisoning from substances like methanol and ethylene glycol.

Analyzing the other choices helps clarify the elements of the calculation. The first option incorrectly adds chloride and bicarbonate to sodium. The third option proposes a division, which does not reflect the necessary subtraction needed to find the anion gap. The fourth option also adds chloride and subtracts bicarbonate from sodium, which deviates from the standard formula. Thus, the accurate calculation using subtraction is paramount for obtaining the correct anion gap value.

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:

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

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