ANCC Family Nurse Practitioner Practice Exam (Sample)

Study Guide

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Questions

1. What type of murmur is associated with mitral regurgitation?

A. Systolic murmur that radiates to the axilla

B. Diastolic murmur that radiates to the neck

C. Systolic murmur heard at the left sternal border

D. Diastolic murmur heard at the apex

2. Which test is commonly used to assess stable angina?

A. Echocardiogram

B. Cardiac catheterization

C. Stress test

D. Electrocardiogram (ECG)

3. What is a common characteristic of grade III ankle sprain?

A. Moderate ecchymosis

B. Complete tear of a ligament

C. Ability to bear weight with mild pain

D. Negative clinical stress examination

4. What condition is indicated by a high risk for a newborn developing hyperbilirubinemia?

A. Cephalohematoma

B. Retinal hemorrhage

C. Intussusception

D. Neonatal conjunctivitis

5. How does intraocular pressure affect patients?

A. It primarily impacts respiratory function

B. It can influence visual acuity

C. It affects blood glucose levels

D. It increases the risk of ovarian cancer

6. What is the first-line treatment for anxiety in elderly patients?

A. SSRIs

B. Buspar

C. Benzodiazepines

D. Tricyclics

7. What is the usual duration for the rash in pityriasis rosea?

A. 1-2 weeks

B. 3-5 weeks

C. 6-12 weeks

D. More than 12 weeks

8. What is the appropriate adjustment to insulin therapy indicated by increased blood sugar levels overnight?

A. Increase short-acting insulin only

B. Increase long-acting insulin at night

C. Decrease all insulin dosages

D. Maintain the current insulin regimen

9. At which Tanner stage do males first show a small amount of pubic hair?

A. Tanner I

B. Tanner II

C. Tanner III

D. Tanner IV

10. What condition is characterized by current jelly stools in children?

A. Appendicitis

B. Intussusception

C. Necrotizing enterocolitis

D. Constipation

Answers

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

Explanations

1. What type of murmur is associated with mitral regurgitation?

A. Systolic murmur that radiates to the axilla

B. Diastolic murmur that radiates to the neck

C. Systolic murmur heard at the left sternal border

D. Diastolic murmur heard at the apex

A systolic murmur that radiates to the axilla is indeed characteristic of mitral regurgitation. This type of murmur occurs during the heart's contraction phase (systole) when the left ventricle pumps blood into the aorta. In mitral regurgitation, the mitral valve does not close properly, allowing some of the blood to flow back into the left atrium. This backflow creates turbulence in the blood flow, which is then heard as a murmur. The quality and location of the murmur help identify the condition; specifically, the sound is typically described as a high-pitched, holosystolic or pansystolic murmur best heard at the apex of the heart and may radiate to the left axilla. This radiating pattern occurs due to the anatomical alignment of the heart structures and the direction of blood flow during regurgitation. Other types of murmurs listed, such as diastolic murmurs, relate to different conditions affecting the heart, typically not associated with mitral regurgitation. The diastolic murmur heard at the neck describes conditions such as aortic regurgitation, while other murmurs noted for the left sternal border usually refer to different types

2. Which test is commonly used to assess stable angina?

A. Echocardiogram

B. Cardiac catheterization

C. Stress test

D. Electrocardiogram (ECG)

A stress test is commonly used to assess stable angina because it evaluates how the heart performs under physical stress or exercise. During a stress test, the patient typically walks on a treadmill or pedals a stationary bike while their heart rate, blood pressure, and ECG are monitored. This helps determine how well the heart is functioning and whether there is a reduction in blood flow to the heart, which is indicative of stable angina. The stress test specifically aims to provoke symptoms of angina or reveal any ischemic changes on the ECG, which would suggest that the coronary arteries may be narrowed or blocked. Additionally, it can help to guide treatment decisions and evaluate the effectiveness of interventions for patients with known coronary artery disease. Other tests, such as an echocardiogram or cardiac catheterization, might be utilized in different contexts or as follow-up assessments but are not typically first-line assessments for stable angina. The electrocardiogram (ECG) can provide useful information but does not specifically assess the functional capability of the heart under stress in the same direct way that a stress test does.

3. What is a common characteristic of grade III ankle sprain?

A. Moderate ecchymosis

B. Complete tear of a ligament

C. Ability to bear weight with mild pain

D. Negative clinical stress examination

A common characteristic of a grade III ankle sprain is a complete tear of a ligament. This type of sprain is the most severe classification, representing a full rupture of the ligament, which results in significant instability of the ankle joint. Patients will often experience severe pain, swelling, and immediate loss of functionality. Due to the complete tear, the structural support provided by the ligament is lost, leading to difficulty in weight-bearing and a more extensive recovery process. In a grade III sprain, the absence of the ligament's integrity also means that stress testing might show excessive laxity in the joint, which is not the case with less severe sprains. This distinction is crucial for determining the appropriate treatment plan and rehabilitation protocol. Understanding this characteristic aids clinicians in making an accurate diagnosis and ensures effective management of ankle sprains.

4. What condition is indicated by a high risk for a newborn developing hyperbilirubinemia?

A. Cephalohematoma

B. Retinal hemorrhage

C. Intussusception

D. Neonatal conjunctivitis

A high risk for a newborn developing hyperbilirubinemia is most closely associated with cephalohematoma. This condition occurs when there is bleeding between the baby's skull and the periosteum, often as a result of trauma during birth, such as from vacuum extraction or prolonged labor. The presence of a cephalohematoma can lead to increased levels of bilirubin in the bloodstream as the body breaks down the red blood cells that may be in the hematoma. As these cells break down, bilirubin is released, leading to the potential for jaundice if the liver is unable to process and excrete this bilirubin effectively. In contrast, the other conditions listed, while they may present other challenges or risks for a newborn, are not typically related to an increased risk of hyperbilirubinemia. For example, retinal hemorrhages may indicate trauma or pressure changes during delivery but don't directly contribute to the development of jaundice. Intussusception is a bowel condition that typically arises much later in infancy and doesn't contribute to bilirubin levels. Neonatal conjunctivitis is an inflammation of the conjunctiva, often caused by infections, but it also does not have a link to hyperbilirubinemia. Therefore, ce

5. How does intraocular pressure affect patients?

A. It primarily impacts respiratory function

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Intraocular pressure (IOP) is a crucial factor in maintaining the health of the eye, and it has a significant influence on visual acuity. Elevated IOP is commonly associated with various eye conditions, most notably glaucoma. When IOP is sustained at high levels, it can lead to damage to the optic nerve, which is essential for transmitting visual information from the eye to the brain. This damage can cause a gradual loss of vision and, if left untreated, can result in complete blindness. Therefore, understanding the implications of IOP is vital in the management of patients, as monitoring and controlling elevated pressures through medication, lifestyle changes, or surgical interventions can help protect and preserve vision. The relationship between IOP and visual acuity underscores why it is critical to assess and manage intraocular pressure in patients, particularly those at risk for ocular diseases. This context directly highlights the significance of IOP's impact on visual acuity.

6. What is the first-line treatment for anxiety in elderly patients?

A. SSRIs

B. Buspar

C. Benzodiazepines

D. Tricyclics

The first-line treatment for anxiety in elderly patients is often SSRIs (selective serotonin reuptake inhibitors). SSRIs are generally preferred due to their favorable side effect profile compared to other options. They are effective in treating various anxiety disorders and have a lower risk of dependence, which is a significant concern in older adults who may be more sensitive to the side effects of medications. Benzodiazepines, while they may provide rapid relief for acute anxiety symptoms, are typically not recommended as first-line treatments for long-term management in the elderly due to the risk of cognitive impairment, sedation, and dependence. This makes benzodiazepines less appropriate as an ongoing treatment strategy. Buspirone is an anxiolytic that can be considered, but it is not usually the first line due to its slower onset of action and sometimes limited efficacy for certain anxiety disorders. Tricyclic antidepressants can be effective for anxiety but are also less commonly used as a first choice because they have a higher side effect burden, particularly in older adults, where polypharmacy and age-related sensitivity to medications can lead to increased side effects. In summary, SSRIs are recognized as the first-line treatment for anxiety in elderly patients, prioritizing safety and efficacy while minimizing the risk of

7. What is the usual duration for the rash in pityriasis rosea?

A. 1-2 weeks

B. 3-5 weeks

C. 6-12 weeks

D. More than 12 weeks

Pityriasis rosea typically presents with a distinct rash that generally lasts for about 6 to 12 weeks. This condition usually begins with a herald patch, followed by the appearance of additional smaller lesions. Although the acute phase may seem uncomfortable due to itchiness or other symptoms, the rash usually resolves within this timeframe without requiring extensive treatment. Many cases of pityriasis rosea are self-limiting, and while some patients may experience a longer duration, the average resolution aligns with the 6 to 12-week window. Recognizing this duration helps both patients and healthcare providers manage expectations and understand the natural course of the condition.

8. What is the appropriate adjustment to insulin therapy indicated by increased blood sugar levels overnight?

A. Increase short-acting insulin only

B. Increase long-acting insulin at night

C. Decrease all insulin dosages

D. Maintain the current insulin regimen

When blood sugar levels are elevated overnight, it typically indicates that the long-acting insulin dosage may be insufficient to cover the metabolic needs during the night. In this scenario, increasing the long-acting insulin administered at night is the most appropriate adjustment. This type of insulin is designed to provide a steady release of insulin over an extended period, helping to manage blood sugar levels during the fasting state. Adjusting the long-acting insulin can help maintain blood glucose levels within a target range overnight and combat the phenomenon known as the dawn phenomenon, where the liver produces glucose in the early morning hours. By increasing the long-acting insulin in the evening, it can improve the basal insulin coverage needed to stabilize blood sugar levels through the night into the morning. Increasing short-acting insulin alone may not adequately address the overnight elevation in blood sugar, as short-acting insulin is typically used to manage food intake rather than provide basal coverage. Likewise, decreasing all insulin dosages would likely exacerbate hyperglycemia rather than correct it. Maintaining the current regimen without changes could lead to continued elevations in blood sugar levels without addressing the underlying issue.

9. At which Tanner stage do males first show a small amount of pubic hair?

A. Tanner I

B. Tanner II

C. Tanner III

D. Tanner IV

In Tanner staging, which is a system used to assess the sexual maturity of children and adolescents, males first begin to show a small amount of pubic hair at Tanner stage II. This stage typically occurs between the ages of 11 and 12 years, marking the onset of pubertal changes. At Tanner stage I, there are no pubic hair developments; the individual is considered prepubescent. It is at stage II that the first signs of puberty appear, including the development of fine, straight pubic hair along with testicular enlargement. This characteristic signifies the beginning of androgen production and subsequent changes associated with male puberty. Stages III and IV involve further development of pubic hair and genitalia, but the initial appearance of hair specifically marks the transition into Tanner stage II. Understanding this developmental framework is crucial for recognizing the physical maturation process during adolescence.

10. What condition is characterized by current jelly stools in children?

A. Appendicitis

B. Intussusception

C. Necrotizing enterocolitis

D. Constipation

The condition characterized by currant jelly stools in children is intussusception. Intussusception occurs when a part of the intestine telescopes into an adjacent segment, causing obstruction. This condition can lead to ischemia and may result in blood and mucus being present in the stool, producing a classic appearance described as "currant jelly." In children, this presentation is particularly significant as it often indicates a serious medical issue requiring prompt evaluation and treatment. Intussusception is commonly seen in infants and toddlers, and it can be associated with symptoms such as abdominal pain, vomiting, and a palpable abdominal mass. The currant jelly stools result from the mixing of blood and mucus, which is why this symptom is so distinctive and indicative of the condition.