

ANCC FAMILY NURSE PRACTITIONER PRACTICE EXAM (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. Which condition may lead to the observation of Janeway lesions?**
 - A. Hypertension
 - B. Diabetes
 - C. Bacterial endocarditis
 - D. Hypothyroidism
- 2. What acronym is used to remember the symptoms of depression?**
 - A. SAFETY
 - B. SIGECAPS
 - C. COMPASS
 - D. GRIEF
- 3. In which situations should a colposcopy be performed based on pap smear results?**
 - A. Low-grade squamous intraepithelial lesions and high-grade squamous epithelial lesions
 - B. Normal pap results showing no abnormalities
 - C. Presence of urinary tract infections
 - D. Detection of STDs in the patient
- 4. What does hypercapnia refer to?**
 - A. Elevated blood carbon dioxide levels
 - B. Low blood oxygen levels
 - C. High blood glucose levels
 - D. Increased heart rate
- 5. What is a common cause of vascular dementia?**
 - A. Chronic alcohol abuse
 - B. Multiple small strokes
 - C. Genetic mutations
 - D. Traumatic brain injury

6. Which treatment approach is appropriate for managing chronic blepharitis?

- A. Immediate surgery
- B. Oral antibiotics only
- C. Regular eyelid cleansing and drops
- D. No treatment is necessary

7. What is the primary symptom of testicular torsion?

- A. Itching in the scrotum
- B. Sudden pain in the testicle
- C. Swollen lymph nodes
- D. Fluid accumulation in the abdomen

8. What describes a basal cell carcinoma lesion's appearance?

- A. Flat and scaly
- B. Waxy, pearly, dome-shaped
- C. Red and inflamed
- D. Dark and raised

9. Which symptom is typically NOT associated with bacterial endocarditis?

- A. Murmur
- B. Fever
- C. Polydipsia
- D. Nail hemorrhage (splinter hemorrhages)

10. 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

Answers

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

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Explanations

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1. Which condition may lead to the observation of Janeway lesions?

- A. Hypertension
- B. Diabetes
- C. Bacterial endocarditis**
- D. Hypothyroidism

Janeway lesions are nontender, flat, red or purple macules that may appear on the palms of the hands or soles of the feet. These lesions are associated with bacterial endocarditis, which is an infection of the heart's inner lining, often involving the heart valves. The lesions are a result of embolic phenomena, where the bacteria or their clumps dislodge from the heart and travel through the bloodstream, lodging in small blood vessels. In bacterial endocarditis, this can occur due to various risk factors such as pre-existing heart conditions, intravenous drug use, or the presence of prosthetic heart valves. Janeway lesions are specific manifestations of septic emboli; they help healthcare providers in diagnosing this condition. Their identification in a patient's examination can be integral in prompting further investigation for potential infective endocarditis. The other options presented do not cause Janeway lesions. Conditions like hypertension and diabetes are more aligned with chronic complications and vascular issues rather than causing specific skin lesions associated with emboli. Hypothyroidism primarily affects metabolism and may lead to various systemic symptoms but does not create Janeway lesions.

2. What acronym is used to remember the symptoms of depression?

- A. SAFETY
- B. SIGECAPS**
- C. COMPASS
- D. GRIEF

The acronym SIGECAPS is a widely recognized mnemonic used to remember the key symptoms of major depressive disorder. Each letter stands for a specific symptom associated with depression, making it easier for healthcare providers, including nurse practitioners, to recall the diagnostic criteria. Specifically, SIGECAPS represents: - S: Sleep disturbances (insomnia or hypersomnia) - I: Interest loss (anhedonia) - G: Guilt or feelings of worthlessness - E: Energy loss (fatigue) - C: Concentration difficulties - A: Appetite changes (increase or decrease) - P: Psychomotor agitation or retardation - S: Suicidal thoughts or behaviors. This structured approach enables practitioners to systematically assess and identify depression in patients. By using the SIGECAPS acronym, healthcare providers can ensure that they evaluate each symptom thoroughly during a clinical assessment, ultimately supporting accurate diagnosis and appropriate treatment planning. While other options may relate to mental health, they do not encapsulate the specific symptoms of depression as effectively as SIGECAPS does. For instance, SAFETY is more focused on risk assessment, COMPASS could relate to holistic assessments, and GRIEF pertains primarily to the experience of loss rather than outlining depressive symptoms specifically. Understanding

3. In which situations should a colposcopy be performed based on pap smear results?

- A. Low-grade squamous intraepithelial lesions and high-grade squamous epithelial lesions**
- B. Normal pap results showing no abnormalities
- C. Presence of urinary tract infections
- D. Detection of STDs in the patient

A colposcopy is recommended particularly for patients who have received abnormal Pap smear results indicating potential precancerous changes in cervical cells. Specifically, colposcopy is indicated for cases of low-grade squamous intraepithelial lesions (LSIL) or high-grade squamous intraepithelial lesions (HSIL). These results imply the need for further evaluation of the cervical tissue to determine if there is a progression towards cervical cancer. Performing a colposcopy in situations of abnormal findings, such as LSIL and HSIL, allows healthcare providers to closely examine the cervix using a specialized microscope, taking biopsies if necessary. This procedure helps in precisely categorizing the severity of the lesions and guiding follow-up care or treatment options appropriately. In contrast, a normal Pap result showing no abnormalities does not necessitate further intervention like colposcopy. Similarly, the presence of urinary tract infections or the detection of sexually transmitted diseases do not directly influence the need for a colposcopy regarding cervical health; they require different types of management and do not indicate cervical dysplasia. Thus, the recommendation for colposcopy is directly related to the results of the Pap smear indicating LSIL and HSIL.

4. What does hypercapnia refer to?

- A. Elevated blood carbon dioxide levels**
- B. Low blood oxygen levels
- C. High blood glucose levels
- D. Increased heart rate

Hypercapnia specifically refers to elevated levels of carbon dioxide (CO₂) in the blood. This condition occurs when there is inadequate ventilation or gas exchange in the lungs, leading to an accumulation of CO₂. In the context of respiratory physiology, hypercapnia can result from various conditions such as chronic obstructive pulmonary disease (COPD), severe asthma, or central respiratory depression. The correct understanding of hypercapnia is crucial because it can have significant implications for a person's health. Elevated carbon dioxide levels can lead to respiratory acidosis, which may require medical intervention to restore normal blood gas levels. Monitoring these levels is vital in both chronic and acute respiratory conditions, as it can inform treatment approaches and interventions. In contrast, the other options pertain to different physiological states: low blood oxygen levels are referred to as hypoxemia, high blood glucose levels relate to conditions like diabetes, and increased heart rate is known as tachycardia. Each has its own distinct medical implications and is not related to the definition of hypercapnia.

5. What is a common cause of vascular dementia?

- A. Chronic alcohol abuse
- B. Multiple small strokes**
- C. Genetic mutations
- D. Traumatic brain injury

Vascular dementia is primarily caused by conditions that block or reduce blood flow to the brain, leading to cognitive decline. One of the most common causes of vascular dementia is multiple small strokes, also known as lacunar strokes. These small strokes can often go unnoticed but cumulatively damage brain tissue and disrupt cognitive function. The repeated interruptions in blood flow reduce oxygen and nutrients that are vital for brain health, contributing to the development of dementia symptoms. In contrast, while chronic alcohol abuse may lead to cognitive issues, it is more associated with alcoholic dementia rather than specifically vascular dementia. Genetic mutations can predispose individuals to various forms of dementia, but they are not common causes of vascular dementia specifically. Traumatic brain injury can result in cognitive impairment but falls outside the typical vascular causes related to blood flow and vascular health.

6. Which treatment approach is appropriate for managing chronic blepharitis?

- A. Immediate surgery
- B. Oral antibiotics only
- C. Regular eyelid cleansing and drops**
- D. No treatment is necessary

Regular eyelid cleansing and drops are appropriate for managing chronic blepharitis because this condition typically arises from the inflammation of the eyelid margins, often due to issues such as seborrheic dermatitis, bacterial overgrowth, or meibomian gland dysfunction. The primary focus in treatment is to maintain eyelid hygiene and alleviate symptoms. Eyelid cleansing helps remove debris, crusts, and excess oil that can contribute to inflammation and irritation of the eyelids. This can be done using warm compresses and eyelid scrub pads or diluted baby shampoo solutions. Additionally, artificial tears or lubricating eye drops can provide relief from discomfort and dryness associated with blepharitis. This approach addresses the underlying contributing factors and helps to restore the natural balance of the eyelids without the need for more invasive procedures or medications that may not be necessary for a chronic, mild condition. Maintaining good eyelid hygiene is a key component in preventing flares and managing ongoing symptoms effectively.

7. What is the primary symptom of testicular torsion?

- A. Itching in the scrotum
- B. Sudden pain in the testicle**
- C. Swollen lymph nodes
- D. Fluid accumulation in the abdomen

The primary symptom of testicular torsion is indeed sudden pain in the testicle. Testicular torsion is a medical emergency that occurs when the spermatic cord becomes twisted, cutting off the blood supply to the testis. This condition often presents abruptly, and the pain is typically severe, affecting the affected testicle. The onset of pain may be accompanied by nausea and vomiting due to the acute nature of the situation. Understanding this symptom is crucial, as testicular torsion can lead to the loss of the testicle if not treated promptly. Recognizing sudden testicular pain allows for immediate medical evaluation and intervention, which is critical in preserving testicular function and preventing complications. The other symptoms listed do not directly relate to testicular torsion, which further emphasizes the specific and urgent nature of the pain associated with this condition.

8. What describes a basal cell carcinoma lesion's appearance?

- A. Flat and scaly
- B. Waxy, pearly, dome-shaped**
- C. Red and inflamed
- D. Dark and raised

Basal cell carcinoma (BCC) is characterized by a specific appearance that often helps in differentiating it from other types of skin lesions. The correct description for a basal cell carcinoma lesion is waxy, pearly, dome-shaped. This appearance is due to the growth of malignant basal cells that develop in the lower part of the epidermis. The lesions typically present as small, raised nodules with a shiny, often translucent surface. They may have blood vessels visible on the surface, and in some cases, they might ulcerate or bleed. This unique appearance is crucial in aiding health care providers in making an accurate diagnosis, as it stands out distinctly from other skin conditions. In contrast, flat and scaly lesions might indicate other skin conditions such as actinic keratosis, which is not typical of basal cell carcinoma. Red and inflamed lesions can suggest inflammatory skin conditions or infections rather than a specific neoplasm such as BCC. Dark and raised lesions are more typical of melanoma, another type of skin cancer, rather than basal cell carcinoma. Thus, understanding the unique characteristics of BCC lesions is important for proper identification and treatment.

9. Which symptom is typically NOT associated with bacterial endocarditis?

- A. Murmur
- B. Fever
- C. Polydipsia**
- D. Nail hemorrhage (splinter hemorrhages)

Polydipsia is typically not associated with bacterial endocarditis. Bacterial endocarditis is an infection of the endocardium, the inner lining of the heart, and its symptoms mainly arise from infection and inflammation of the cardiac structures. Fever is a common symptom due to the inflammatory response to infection. Murmurs may be present because of changes in the heart valves or because of new valve regurgitation due to vegetations forming on the valves. Nail hemorrhages, or splinter hemorrhages, are also a classic manifestation of bacterial endocarditis, resulting from small emboli that can occlude capillaries in the nailbed. Polydipsia, which is characterized by excessive thirst, is not a typical symptom and is more commonly associated with conditions like diabetes mellitus, rather than infectious processes like bacterial endocarditis. Thus, identifying polydipsia as the symptom that is not generally associated with bacterial endocarditis is accurate.

10. 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

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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://anccfamilynurse.examzify.com>

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

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