

APEA Family Nurse Practitioner (FNP) Predictor Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Questions

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- 1. Which of the following describes a potentially serious symptom requiring immediate evaluation?**
 - A. Scant nipple discharge**
 - B. Rectal pain**
 - C. Pelvic pain**
 - D. Delayed ejaculation**
- 2. What orthopedic issue is due to a problem with the lateral collateral ligament?**
 - A. Genu varum**
 - B. Genu valgum**
 - C. Patellar bursitis**
 - D. Hip dysplasia**
- 3. What is the most appropriate intervention after initiating treatment for otitis media?**
 - A. Reevaluate the patient in 10 days**
 - B. Prescribe additional antibiotics**
 - C. Schedule a follow-up in 2 weeks**
 - D. Perform a hearing test immediately**
- 4. What does a positive pregnancy test confirm?**
 - A. Potential pregnancy**
 - B. Positive ovulation**
 - C. Menstrual irregularities**
 - D. Potential infertility**
- 5. Which sign is indicative of psoriasis?**
 - A. Koebner Phenomenon**
 - B. Auspitz Sign**
 - C. Nickel Test**
 - D. Wickham Striae**

- 6. What is a possible cause of HELLP syndrome during pregnancy?**
- A. Blood clotting disorders**
 - B. Endothelial dysfunction**
 - C. Viral infections**
 - D. High blood pressure**
- 7. What technique is used to determine fetal position during pregnancy?**
- A. Palpation**
 - B. Ultrasound Scanning**
 - C. Leopold's Maneuvers**
 - D. Doppler Monitoring**
- 8. Which of the following is a factor contributing to sudden asthma exacerbation?**
- A. Asthma Attack Etiology**
 - B. Allergic Reaction**
 - C. Environmental Pollution**
 - D. Viral Infection**
- 9. In what scenario should the Somogyi effect be suspected?**
- A. When blood sugar levels are consistently high**
 - B. When blood sugar levels are low at 2 a.m. to 3 a.m.**
 - C. When fasting glucose is elevated**
 - D. When there are no symptoms present**
- 10. What condition should beta blockers be contraindicated for?**
- A. Stable angina**
 - B. Variant (Prinzmetal) angina**
 - C. Myocardial infarction**
 - D. Hypertension**

Answers

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

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Explanations

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1. Which of the following describes a potentially serious symptom requiring immediate evaluation?

A. Scant nipple discharge

B. Rectal pain

C. Pelvic pain

D. Delayed ejaculation

Rectal pain can be indicative of a variety of underlying conditions, some of which may require immediate medical attention. This symptom can be associated with serious issues such as infections, abscesses, or even gastrointestinal problems like diverticulitis or inflammatory bowel disease. Given the possible severity of these conditions, rectal pain should prompt prompt evaluation to rule out any serious pathology or complications. In contrast, while scant nipple discharge, pelvic pain, and delayed ejaculation may warrant clinical attention, they are often not as acutely dangerous as rectal pain. Scant nipple discharge can result from hormonal imbalances or benign conditions, and pelvic pain could range from minor issues to more serious concerns but often allows for a somewhat less urgent evaluation depending on associated symptoms. Similarly, delayed ejaculation may arise from psychological or physiological factors that, while concerning for the patient, do not typically pose the same level of immediate threat to health as rectal pain can.

2. What orthopedic issue is due to a problem with the lateral collateral ligament?

A. Genu varum

B. Genu valgum

C. Patellar bursitis

D. Hip dysplasia

The correct answer, which identifies genu varum as the orthopedic issue related to a problem with the lateral collateral ligament (LCL), is rooted in an understanding of the anatomical and functional relationships of the knee joint. Genu varum, commonly known as "bow-leggedness," involves an outward angulation of the knee joints. This condition can occur when there is instability or injury to the lateral collateral ligament. The LCL runs along the outer part of the knee and plays a critical role in providing lateral stability. When the LCL is compromised, the knee may buckle under pressure, leading to a bowing effect on the lower limbs. Understanding genu varum in this context is essential as it highlights the clinical relevance of ligament function in maintaining proper knee alignment and support during movement. In contrast, genu valgum, often referred to as "knock-knees," involves an inward angulation of the knees and is typically related to different knee mechanics, not LCL instability. Patellar bursitis pertains to inflammation of the bursa around the kneecap, which does not directly relate to the collateral ligaments. Hip dysplasia is a developmental condition affecting the hip joint, unrelated to the stability of the knee or the lateral collateral ligament.

3. What is the most appropriate intervention after initiating treatment for otitis media?

- A. Reevaluate the patient in 10 days**
- B. Prescribe additional antibiotics**
- C. Schedule a follow-up in 2 weeks**
- D. Perform a hearing test immediately**

After initiating treatment for otitis media, the most appropriate intervention is to reevaluate the patient in 10 days. This timeframe is standard to assess the efficacy of the treatment initiated and to ensure that the condition is improving. Reevaluation allows the healthcare provider to check for resolution of symptoms and to determine if the infection is responding to the prescribed antibiotics if they were indicated. It's important to consider that otitis media can often resolve on its own, and follow-up after a set period allows for monitoring without unnecessary additional interventions. If symptoms persist or worsen, further steps can be taken, such as adjusting the treatment plan or possibly considering a different diagnosis. Scheduling a follow-up in 2 weeks could be considered reasonable, but a 10-day follow-up is typically more aligned with guidelines that aim for timely assessment of treatment efficacy. Prescribing additional antibiotics right away may not be necessary if the patient shows signs of improvement, while performing a hearing test immediately is not typically warranted at this stage unless there are specific concerns regarding hearing loss, and the primary focus should be on the treatment of the current infection.

4. What does a positive pregnancy test confirm?

- A. Potential pregnancy**
- B. Positive ovulation**
- C. Menstrual irregularities**
- D. Potential infertility**

A positive pregnancy test is designed to detect the presence of human chorionic gonadotropin (hCG) in the body, a hormone produced during pregnancy. Thus, a positive result confirms that a person is potentially pregnant, indicating that fertilization and implantation of an embryo may have occurred. While the other options might be related to reproductive health, they do not accurately reflect the purpose of a pregnancy test. For instance, positive ovulation indicates ovulation has occurred but is not confirmed by a pregnancy test. Menstrual irregularities and potential infertility are broader conditions that may or may not be related to pregnancy and would require further evaluation and testing for diagnosis. Therefore, the primary and correct interpretation of a positive pregnancy test is the confirmation of a potential pregnancy.

5. Which sign is indicative of psoriasis?

- A. Koebner Phenomenon
- B. Auspitz Sign**
- C. Nickel Test
- D. Wickham Striae

The Auspitz sign is specifically indicative of psoriasis and is characterized by the presence of pinpoint bleeding when psoriatic plaques are scraped off. This occurs because the epidermis is thickened and inflamed in psoriasis, leading to the disruption of the small blood vessels just beneath the skin surface. When the lesions are manipulated or removed, these blood vessels are exposed, resulting in bleeding. The Koebner phenomenon, while associated with psoriasis, is broader in that it represents the development of psoriatic lesions at sites of trauma or injury on the skin, rather than being a specific sign like the Auspitz sign. The Nickel Test is used to evaluate allergic contact dermatitis and does not have a direct correlation with psoriasis, focusing instead on allergic reactions to substances like nickel. Wickham striae are fine white lines seen in lichen planus and are not associated with psoriasis, making them irrelevant in the context of identifying this condition.

6. What is a possible cause of HELLP syndrome during pregnancy?

- A. Blood clotting disorders
- B. Endothelial dysfunction**
- C. Viral infections
- D. High blood pressure

HELLP syndrome is a severe complication that can occur in the context of pregnancy, characterized by hemolysis, elevated liver enzymes, and low platelet counts. It is closely associated with preeclampsia and is thought to arise from a cascade of pathological events linked to the placenta, particularly involving endothelial dysfunction. Endothelial dysfunction plays a critical role in the development of HELLP syndrome as it leads to systemic inflammation and impaired blood vessel function. This dysfunction affects the regulation of blood flow and can cause damage to the vascular endothelium, leading to increased vascular permeability and ultimately contributing to the clinical manifestations seen in HELLP syndrome. The dysfunction in the endothelial lining also results in increased platelet aggregation and activation, which can lead to the thrombocytopenia that is observed in this condition. While conditions like blood clotting disorders, viral infections, and high blood pressure are important to consider in the overall landscape of pregnancy complications, they are not the primary underlying mechanisms that directly lead to the development of HELLP syndrome in the way that endothelial dysfunction does. Therefore, recognizing endothelial dysfunction as a significant factor helps in understanding the pathophysiology of HELLP syndrome and guiding clinical management.

7. What technique is used to determine fetal position during pregnancy?

- A. Palpation**
- B. Ultrasound Scanning**
- C. Leopold's Maneuvers**
- D. Doppler Monitoring**

Leopold's Maneuvers are a set of systematic abdominal palpation techniques used to determine the position and presentation of the fetus during pregnancy. This hands-on method allows the healthcare provider to identify where the fetus is located in the uterus, assess its orientation (e.g., head down or breech), and ascertain how the fetus is lying. The maneuvers, which involve four distinct palpations, are performed with the mother in a supine position, providing valuable information about the fetal position, which is crucial for planning the delivery and ensuring the safety of both mother and child. While palpation is part of the Leopold's Maneuvers, it is not a standalone technique for determining fetal position. Ultrasound scanning is also a useful tool but is not performed as a hands-on assessment during a routine examination. Doppler monitoring is primarily used for evaluating fetal heart rate and not for determining the fetal position. Therefore, choosing Leopold's Maneuvers reflects a direct application of manual skills to assess fetal placement effectively.

8. Which of the following is a factor contributing to sudden asthma exacerbation?

- A. Asthma Attack Etiology**
- B. Allergic Reaction**
- C. Environmental Pollution**
- D. Viral Infection**

The concept of asthma attack etiology encompasses a broad range of potential triggers and underlying factors that can lead to sudden exacerbations in asthma patients. Understanding asthma attack etiology can help healthcare providers identify specific triggers that may not have been previously considered and can also assist in educating patients about managing their condition. For instance, factors such as allergens, irritants, and even emotional stress can play a significant role in the exacerbation of asthma symptoms. Recognizing that asthma attacks can arise from various causes allows for a more comprehensive approach to prevention and management, emphasizing the importance of personalized care in addressing individual patient needs and experiences. In the context of sudden asthma exacerbation, knowing that etiology includes aspects like allergic reactions, environmental influences, and infections, points to the complexity and multifactorial nature of asthma. While other options may also be valid contributors to exacerbations, asthma attack etiology serves as the overarching category that encompasses these different factors. This understanding is crucial for effectively diagnosing and managing patients with asthma.

9. In what scenario should the Somogyi effect be suspected?

- A. When blood sugar levels are consistently high**
- B. When blood sugar levels are low at 2 a.m. to 3 a.m.**
- C. When fasting glucose is elevated**
- D. When there are no symptoms present**

The Somogyi effect, also known as rebound hyperglycemia, occurs when blood glucose levels drop too low, typically due to excess insulin administration, often during the night. During this hypoglycemic episode, usually occurring between 2 a.m. and 3 a.m., the body responds by releasing counter-regulatory hormones such as glucagon and epinephrine, which elevate blood glucose levels. In this context, the scenario that suggests the Somogyi effect is characterized by low blood sugar levels during the early morning hours, followed by a subsequent rise in fasting glucose levels throughout the day. Recognizing this pattern is essential for effective diabetes management, as it indicates a need to adjust insulin dosages or meal planning to prevent nocturnal hypoglycemia and its subsequent rebound. The presence of consistently high blood sugar levels, elevated fasting glucose, or the absence of symptoms do not point toward the Somogyi effect. In those cases, different underlying causes of hyperglycemia or diabetes management issues should be considered.

10. What condition should beta blockers be contraindicated for?

- A. Stable angina**
- B. Variant (Prinzmetal) angina**
- C. Myocardial infarction**
- D. Hypertension**

Beta blockers should be contraindicated in variant (Prinzmetal) angina because this condition is characterized by vasospasm of the coronary arteries. Invariant angina, which occurs due to fixed atherosclerotic lesions, can be effectively managed with beta blockers, as they reduce heart rate and myocardial oxygen demand. However, in the case of Prinzmetal angina, the use of beta blockers may exacerbate the vasospasm by blocking beta-adrenergic receptors, which can worsen ischemia during an episode. Instead, calcium channel blockers are typically used as the first-line treatment for Prinzmetal angina, as they help to relax and dilate the coronary arteries, ultimately preventing spasm. In contrast, conditions like stable angina, myocardial infarction, and hypertension can benefit from the use of beta blockers, as they help to improve the patient's overall cardiovascular stability by reducing heart rate, lowering blood pressure, and decreasing myocardial oxygen consumption.