

Family Nurse Practitioner (FNP) Predictor Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Questions

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- 1. Which symptoms are characteristic of heart failure?**
 - A. Shortness of breath, fatigue, and edema**
 - B. Nausea, vomiting, and diarrhea**
 - C. Muscle cramps and skin rashes**
 - D. Frequent headaches and vision changes**
- 2. What is the most likely etiology of acute bronchitis in a 58-year-old heavy smoker?**
 - A. Viral infection**
 - B. *S. pneumoniae***
 - C. *B. pertussis***
 - D. *Haemophilus influenzae***
- 3. What is the main goal of palliative care?**
 - A. To prolong life at all costs**
 - B. To improve the quality of life for patients with serious illnesses**
 - C. To focus solely on end-of-life care**
 - D. To ensure complete recovery**
- 4. How is hypertension classified based on blood pressure readings?**
 - A. Normal, elevated, and various stages of hypertension**
 - B. Pre-hypertension and hypertension only**
 - C. Normal and abnormal only**
 - D. Low, normal, and high blood pressure**
- 5. A patient presents with burning, frequency, and urgency. With a UA showing positive leukocytes, what should be ordered next?**
 - A. KUB x-ray**
 - B. Urine culture**
 - C. STI testing**
 - D. Pap smear**

- 6. Which of the following conditions is characterized by muscle cramps?**
- A. Hypothyroidism**
 - B. Diabetes Mellitus**
 - C. Hyperlipidemia**
 - D. Hypertension**
- 7. What is a first-line therapy for managing seasonal allergies?**
- A. Leukotriene modifiers**
 - B. Intranasal corticosteroids**
 - C. Beta-blockers**
 - D. Oral corticosteroids**
- 8. What laboratory test is used to evaluate kidney function?**
- A. Serum electrolytes**
 - B. Blood urea nitrogen (BUN)**
 - C. Serum creatinine**
 - D. Complete blood count (CBC)**
- 9. Which assessment tool is used to evaluate pain intensity?**
- A. Beck Depression Inventory**
 - B. Numeric Rating Scale (NRS)**
 - C. Visual Analog Scale (VAS)**
 - D. Montreal Cognitive Assessment (MoCA)**
- 10. How often should adults receive a tetanus booster?**
- A. Every 5 years**
 - B. Every 10 years**
 - C. Every 15 years**
 - D. Only if injured**

Answers

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

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Explanations

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1. Which symptoms are characteristic of heart failure?

A. Shortness of breath, fatigue, and edema

B. Nausea, vomiting, and diarrhea

C. Muscle cramps and skin rashes

D. Frequent headaches and vision changes

Heart failure is a complex clinical syndrome that arises from the heart's inability to pump sufficiently to meet the body's needs for blood and oxygen. The symptoms associated with heart failure primarily stem from fluid overload and reduced cardiac output. Shortness of breath is a prevalent symptom, commonly felt during physical activity or even at rest as the condition progresses. This symptom can occur due to fluid accumulation in the lungs, leading to pulmonary congestion. Fatigue is another key symptom, often resulting from the body's inadequate oxygen supply and decreased exercise tolerance. Lastly, edema, or swelling, often manifests in the legs, ankles, and abdomen as fluid builds up due to the heart's compromised ability to circulate blood effectively. These symptoms collectively highlight the body's response to heart failure, making the identification of shortness of breath, fatigue, and edema essential for diagnosis and management.

2. What is the most likely etiology of acute bronchitis in a 58-year-old heavy smoker?

A. Viral infection

B. *S. pneumoniae*

C. *B. pertussis*

D. *Haemophilus influenzae*

In a patient who is a heavy smoker, acute bronchitis is most commonly associated with a viral infection. The majority of cases tend to be viral in origin, particularly with respiratory syncytial virus (RSV), rhinovirus, or influenza virus. Additionally, chronic irritation and inflammation of the airway due to long-term smoking can predispose individuals to infections and bronchial complications during acute respiratory events. While other bacterial organisms can be agents of acute bronchitis in certain populations, they are less commonly the sole cause in the context of an acute episode in a heavy smoker compared to the viral etiologies. *S. pneumoniae*, *B. pertussis*, and *H. influenzae* are more associated with specific clinical scenarios or more severe respiratory diseases, but they do not typically represent the most common cause of acute bronchitis in an individual with a significant smoking history. Overall, recognizing that acute bronchitis is frequently viral, particularly in smokers whose airways are already compromised, highlights the importance of targeting clinical management and patient education towards smoking cessation and preventive care against viral infections.

3. What is the main goal of palliative care?

- A. To prolong life at all costs
- B. To improve the quality of life for patients with serious illnesses**
- C. To focus solely on end-of-life care
- D. To ensure complete recovery

The main goal of palliative care is to improve the quality of life for patients with serious illnesses. This approach emphasizes a holistic view of care that addresses not only the physical aspects of a patient's condition but also their emotional, social, and spiritual needs. Palliative care is appropriate at any stage of a serious illness and can be provided alongside curative treatments. Unlike other approaches that may focus solely on prolonging life or striving for complete recovery, palliative care recognizes the importance of comfort and support for both patients and their families. It aims to relieve symptoms such as pain, nausea, and fatigue, while also providing psychological and supportive interventions. This patient-centered care model encourages open dialogues about treatment goals and personal values, thereby allowing individuals to make informed decisions about their care based on their quality of life rather than merely extending it. By focusing on enhancing comfort and support, palliative care can significantly help patients navigate the challenges associated with serious illnesses, leading to a more dignified and meaningful healthcare experience.

4. How is hypertension classified based on blood pressure readings?

- A. Normal, elevated, and various stages of hypertension**
- B. Pre-hypertension and hypertension only
- C. Normal and abnormal only
- D. Low, normal, and high blood pressure

Hypertension is classified based on specific blood pressure readings that fall within defined categories established by health organizations. The classification includes several stages, which are crucial for diagnosis and management. The correct answer encompasses a comprehensive range of blood pressure categories: normal blood pressure, elevated blood pressure, and varying stages of hypertension, including stage 1 and stage 2 hypertension. Normal blood pressure is typically defined as readings below 120/80 mmHg, elevated blood pressure as systolic readings between 120-129 mmHg and diastolic readings less than 80 mmHg, and hypertension staged according to increasing severity, with stage 1 hypertension identified at readings of 130-139/80-89 mmHg and stage 2 at readings of 140/90 mmHg or higher. This classification is critical for guiding treatment decisions and assessing the risk of cardiovascular events. Understanding these categories helps healthcare providers to create appropriate management plans for individuals based on their specific blood pressure readings and associated risks.

5. A patient presents with burning, frequency, and urgency. With a UA showing positive leukocytes, what should be ordered next?

- A. KUB x-ray**
- B. Urine culture**
- C. STI testing**
- D. Pap smear**

In the context of a patient presenting with symptoms of burning, frequency, and urgency along with a urinalysis (UA) showing positive leukocytes, the next appropriate step is to order a urine culture. This follow-up is warranted to confirm the presence of a urinary tract infection (UTI) and identify the specific causative organism, which can guide appropriate antibiotic treatment. Urine cultures are crucial when initial symptoms suggest a UTI, as they help in confirming the diagnosis and determining antibiotic susceptibility, especially in cases of recurrent infections or when symptoms are severe. This ensures that the treatment is effective and helps in preventing complications associated with untreated infections. While STI testing is an important consideration in patients with urinary symptoms, it would not be the next immediate step in this scenario, especially without further evidence suggesting the suspicion of a sexually transmitted infection. A KUB x-ray and Pap smear would not be indicated in the workup for a UTI and would not provide the necessary information related to the symptoms presented.

6. Which of the following conditions is characterized by muscle cramps?

- A. Hypothyroidism**
- B. Diabetes Mellitus**
- C. Hyperlipidemia**
- D. Hypertension**

Hypothyroidism is indeed associated with muscle cramps, primarily because the condition can lead to a number of metabolic and muscular issues. In hypothyroidism, the deficiency of thyroid hormones affects the normal functioning of various systems in the body, leading to symptoms such as fatigue, weight gain, and muscle weakness. The decreased hormonal activity can result in impaired metabolism of carbohydrates and fats, which may contribute to muscle cramping. Muscle cramps in hypothyroidism are often attributed to changes in electrolyte balance, effects on muscle fibers, and general muscle tone. People with hypothyroidism may experience increased muscle stiffness and a higher likelihood of cramping, especially during physical activity or at night. In contrast, while conditions like diabetes mellitus can sometimes lead to neuropathic pain or problematic muscle contractions, they are not commonly characterized by muscle cramps as a primary symptom. Hyperlipidemia and hypertension are generally cardiovascular conditions and do not directly cause muscle cramps either. Thus, hypothyroidism stands out as the condition most closely associated with muscle cramps.

7. What is a first-line therapy for managing seasonal allergies?

- A. Leukotriene modifiers**
- B. Intranasal corticosteroids**
- C. Beta-blockers**
- D. Oral corticosteroids**

Intranasal corticosteroids are considered a first-line therapy for managing seasonal allergies due to their effectiveness in reducing inflammation in the nasal passages. These medications work by decreasing mucosal swelling, blocking the release of inflammatory substances, and alleviating symptoms such as nasal congestion, sneezing, and itching. They are preferred because they address the underlying cause of allergic rhinitis rather than just masking the symptoms, providing a more comprehensive treatment approach. Moreover, intranasal corticosteroids have a favorable safety profile and can be used for both seasonal and perennial allergy symptoms. They are typically well-tolerated and can be used long-term, making them a practical choice for individuals who suffer from allergies frequently. Other options, such as leukotriene modifiers and oral corticosteroids, may also be effective but are generally not the first recommendation due to their varying mechanisms of action and potential side effects.

8. What laboratory test is used to evaluate kidney function?

- A. Serum electrolytes**
- B. Blood urea nitrogen (BUN)**
- C. Serum creatinine**
- D. Complete blood count (CBC)**

Serum creatinine is a key laboratory test used to evaluate kidney function because it reflects the kidneys' ability to filter waste products from the blood. Creatinine is a byproduct of muscle metabolism and is produced at a fairly constant rate, making it a reliable indicator of kidney filtration efficiency. When the kidneys are functioning properly, they effectively filter out creatinine, thus maintaining its levels within a normal range in the serum. An increase in serum creatinine levels can indicate a decline in kidney function, making it a crucial parameter for assessing renal health. Clinicians often use serum creatinine values to estimate the glomerular filtration rate (GFR), which provides further insight into the kidneys' filtering capacity and overall function. While blood urea nitrogen (BUN) and serum electrolytes also provide information about kidney function, they are influenced by factors other than just renal function, such as hydration status and dietary protein intake. The complete blood count (CBC) does not offer specific information regarding kidney function, as it primarily evaluates overall blood health and cellular components.

9. Which assessment tool is used to evaluate pain intensity?

- A. Beck Depression Inventory**
- B. Numeric Rating Scale (NRS)**
- C. Visual Analog Scale (VAS)**
- D. Montreal Cognitive Assessment (MoCA)**

The Numeric Rating Scale (NRS) is a widely used assessment tool that helps quantify pain intensity experienced by a patient. It provides a straightforward approach where patients are asked to rate their pain on a scale, typically from 0 to 10, with 0 indicating no pain and 10 representing the worst conceivable pain. This scale allows healthcare providers to easily gauge the severity of a patient's pain and can be useful both for initial assessments and for monitoring changes in pain levels over time. Using the NRS facilitates open communication between the patient and healthcare provider, and the numerical nature of the scale can make it easier for patients to express their pain experience compared to more subjective methods. This direct measure aids in creating targeted treatment plans and evaluating the effectiveness of interventions. In contrast, other tools listed, like the Beck Depression Inventory, are designed specifically to assess mental health conditions and do not focus on measuring pain. The Visual Analog Scale (VAS), while also a pain assessment tool, operates differently, requiring patients to mark their pain level on a line, which can sometimes be less straightforward than the numeric rating system. The Montreal Cognitive Assessment is specifically tailored to assess cognitive function and has no relevance to pain measurement. Therefore, the NRS stands out as the

10. How often should adults receive a tetanus booster?

- A. Every 5 years**
- B. Every 10 years**
- C. Every 15 years**
- D. Only if injured**

Tetanus booster shots are recommended for adults every 10 years as part of routine immunizations. The rationale behind this schedule is to ensure that protective immunity against tetanus is maintained throughout adulthood. The tetanus vaccine is part of the Td (tetanus-diphtheria) and Tdap (tetanus-diphtheria-pertussis) vaccines. While the initial series is given in childhood, continuing booster doses every 10 years is crucial because immunity can diminish over time. Additionally, for individuals who suffer a severe wound or injury, a tetanus booster may be needed if their last booster was administered more than 5 years ago, but the routine recommendation remains every 10 years under standard circumstances. This helps reduce the risk of tetanus infections, which can be life-threatening. Overall, this booster schedule aids in maintaining herd immunity and protects vulnerable populations who may be more susceptible to infections.