

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

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. A 45-year-old patient with subclinical hypothyroidism has a TSH of 6.2. What are the major risks of prescribing levothyroxine?**
 - A. There are very few risks**
 - B. Hyperlipidemia, atrial fibrillation**
 - C. Accelerated bone loss, atrial fibrillation**
 - D. She may develop hypertension and tachycardia**
- 2. What health screenings are recommended for women aged 21-65?**
 - A. Mammogram and cholesterol test**
 - B. Blood pressure and diabetes screening**
 - C. Pap smear and HPV testing**
 - D. Bone density scan and STI testing**
- 3. For a patient presenting with thrombocytopenia, which lab should be prioritized?**
 - A. Serum iron levels**
 - B. B12 levels**
 - C. PT/INR**
 - D. CBC**
- 4. What is the appropriate antibiotic for a simple urinary tract infection in a young female patient?**
 - A. Sulfamethoxazole/trimethoprim (Bactrim) for 10 days**
 - B. Nitrofurantoin (Macrobid) for 5 days**
 - C. Nitrofurantoin (Macrobid) for 7-10 days**
 - D. Amoxicillin for 7 days**
- 5. Which group does not require routine HIV screening?**
 - A. All patients aged 13-64**
 - B. Patients currently treated for TB**
 - C. Patients diagnosed with syphilis, GC, or chlamydia**
 - D. Pregnant women once per trimester**

- 6. What type of assessments must an FNP conduct during patient visits?**
- A. Only physical assessments**
 - B. Health history assessments and mental health evaluations**
 - C. Both physical assessments and health history assessments**
 - D. Routine lab tests only**
- 7. In family planning, what does the term "natural family planning" involve?**
- A. Using contraceptive medications**
 - B. Surgical sterilization**
 - C. Tracking fertility signs to avoid pregnancy**
 - D. Barrier methods of contraception**
- 8. When does postpartum depression typically manifest?**
- A. Within the first 6 weeks after delivery**
 - B. 6 months after delivery**
 - C. Immediately after delivery**
 - D. Within the first 3 days after delivery**
- 9. What is the recommended post-exposure prophylaxis for HIV?**
- A. Intravenous immunoglobulin therapy**
 - B. Antiretroviral therapy within 72 hours after exposure**
 - C. Regular blood donations**
 - D. Monitoring of symptoms only**
- 10. What health issue is often addressed with lifestyle interventions in pregnancy?**
- A. Pre-eclampsia**
 - B. Gestational diabetes**
 - C. Placenta previa**
 - D. Ectopic pregnancy**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. A 45-year-old patient with subclinical hypothyroidism has a TSH of 6.2. What are the major risks of prescribing levothyroxine?

- A. There are very few risks**
- B. Hyperlipidemia, atrial fibrillation**
- C. Accelerated bone loss, atrial fibrillation**
- D. She may develop hypertension and tachycardia**

Prescribing levothyroxine for a patient with subclinical hypothyroidism, especially one with a TSH level of 6.2, involves several potential risks. Among these, accelerated bone loss is a significant concern, particularly in postmenopausal women. This occurs because thyroid hormones can influence bone metabolism; an excess may lead to increased bone resorption and decreased bone density over time, heightening the risk of osteoporosis and fractures. Atrial fibrillation is another notable risk associated with levothyroxine therapy. Increased levels of thyroid hormones can lead to heightened heart rates and altered cardiac rhythm. In patients with pre-existing heart conditions or risk factors for cardiovascular diseases, the likelihood of developing atrial fibrillation may be increased when exposed to higher thyroid hormone levels from levothyroxine. This combination of accelerated bone loss and the risk of atrial fibrillation underscores the importance of individualized patient assessment and monitoring when initiating levothyroxine therapy, particularly in patients with subclinical hypothyroidism. Adjusting the dose carefully while considering the patient's baseline risk factors can help mitigate these risks.

2. What health screenings are recommended for women aged 21-65?

- A. Mammogram and cholesterol test**
- B. Blood pressure and diabetes screening**
- C. Pap smear and HPV testing**
- D. Bone density scan and STI testing**

The recommendation for health screenings for women aged 21-65 particularly emphasizes the significance of Pap smear and HPV testing. The Pap smear is a vital screening tool used to detect cervical cancer and precancerous changes in the cervix. Women should start receiving Pap smears at the age of 21, regardless of sexual history, and depending on the results, screenings may continue every three years. As for HPV testing, it is recommended to be done alongside Pap testing for women aged 30 and older. The HPV (Human Papillomavirus) vaccine can prevent the majority of cervical cancers, but for those who are not vaccinated or for those over 30, HPV testing is important because it identifies the presence of high-risk HPV strains that can lead to cervical cancer. Together, these screenings are crucial in maintaining cervical health and ensuring early detection of any potential issues, which can significantly improve outcomes for women in this age group.

3. For a patient presenting with thrombocytopenia, which lab should be prioritized?

- A. Serum iron levels**
- B. B12 levels**
- C. PT/INR**
- D. CBC**

In cases of thrombocytopenia, prioritizing a complete blood count (CBC) is critical because this test provides essential information about the overall blood composition, including platelet levels. Thrombocytopenia specifically refers to a low platelet count, and the CBC is the primary test used to evaluate this condition. It helps determine the severity of the thrombocytopenia, assists in identifying potential underlying causes, and allows for the assessment of other blood components, such as red and white blood cell counts, which may give additional clues about the patient's health status. Furthermore, while other tests like serum iron levels, B12 levels, and PT/INR can offer valuable insights into various hematologic issues, they do not directly address the immediate need to evaluate and quantify the platelet count. For instance, iron levels may help assess for iron-deficiency anemia, B12 levels can indicate potential megaloblastic anemia, and PT/INR measures coagulation status, but none of these tests would directly provide the necessary information needed to understand and manage thrombocytopenia itself. Therefore, focusing on the CBC is the most critical step in evaluating and managing a patient with low platelet counts.

4. What is the appropriate antibiotic for a simple urinary tract infection in a young female patient?

- A. Sulfamethoxazole/trimethoprim (Bactrim) for 10 days**
- B. Nitrofurantoin (Macrobid) for 5 days**
- C. Nitrofurantoin (Macrobid) for 7-10 days**
- D. Amoxicillin for 7 days**

The selection of Nitrofurantoin (Macrobid) for a duration of 7-10 days is considered appropriate for treating a simple urinary tract infection (UTI) in a young female patient. Nitrofurantoin is effective against most common uropathogens, including *E. coli*, which is the leading cause of UTIs. The drug works by inhibiting bacterial cell wall synthesis, and it is particularly suitable for lower urinary tract infections. The 7-10 day treatment course aligns with current guidelines that suggest this duration can adequately clear the infection and help prevent recurrence, especially in young women who may experience recurrent UTIs. The shorter course of 5 days, while also sometimes acceptable, is generally not recommended as a standard for it does not cover the full range of potential bacterial causes, particularly in certain patient populations. In contrast, the other options, including sulfamethoxazole/trimethoprim and amoxicillin, may not be the first-line choice due to potential resistance patterns and efficacy concerns against the organisms commonly responsible for uncomplicated UTIs. Thus, Nitrofurantoin's efficacy, safety profile, and established guidelines support the choice of this antibiotic regimen for young women dealing with simple urinary infections.

5. Which group does not require routine HIV screening?

- A. All patients aged 13-64**
- B. Patients currently treated for TB**
- C. Patients diagnosed with syphilis, GC, or chlamydia**
- D. Pregnant women once per trimester**

The appropriate reasoning for the correct response revolves around the specific guidelines regarding HIV screening. While routine HIV screening is recommended for a variety of populations due to the high risk of transmission or the significance of knowing one's HIV status, pregnant women are typically screened for HIV not just once per trimester but at the first prenatal visit, given that early detection is crucial for the health of both the mother and the baby. However, it's important to understand that while screening can occur again during the third trimester in certain high-risk populations, it is not mandated for all pregnant women at every trimester. The other groups mentioned, such as all individuals aged 13-64, those undergoing treatment for tuberculosis, or individuals diagnosed with syphilis, gonorrhea, or chlamydia, are included in the routine HIV screening recommendations due to a higher likelihood of exposure or concurrent STIs, making regular screening a key public health measure. Therefore, the specific requirement regarding pregnant women differs, focusing more on the initial screening rather than a repeated routine approach each trimester for all.

6. What type of assessments must an FNP conduct during patient visits?

- A. Only physical assessments**
- B. Health history assessments and mental health evaluations**
- C. Both physical assessments and health history assessments**
- D. Routine lab tests only**

The option indicating the need for both physical assessments and health history assessments is the most comprehensive approach for an FNP during patient visits. This dual focus ensures that the nurse practitioner gathers vital information concerning a patient's current health status while also understanding their medical history, including past illnesses, surgeries, medications, and family history. Physical assessments allow the FNP to evaluate the patient's physiological condition through methods such as observation, palpation, or specific diagnostic tests. In parallel, health history assessments provide context regarding the patient's lifestyle, social determinants of health, and psychological wellbeing, which are crucial for forming an accurate diagnosis and an effective treatment plan. By integrating both types of assessments, the FNP can ensure a holistic view of the patient's health, establish a good patient-provider relationship, and engage in shared decision-making. This approach is essential in primary care to identify not only current health concerns but also risk factors that could lead to future health issues. Thus, the choice that incorporates both physical assessments and health history assessments aligns with best practices in family nursing care.

7. In family planning, what does the term "natural family planning" involve?

- A. Using contraceptive medications**
- B. Surgical sterilization**
- C. Tracking fertility signs to avoid pregnancy**
- D. Barrier methods of contraception**

Natural family planning (NFP) refers to a method of family planning that relies on a couple's awareness of the woman's fertility cycle to either achieve or avoid pregnancy. This approach involves tracking various fertility signs, such as basal body temperature, cervical mucus changes, and menstrual cycle patterns, to identify the days when a woman is most fertile. By doing this, couples can choose to abstain from intercourse on those days or time intercourse to increase the chances of conception, based on their family planning goals. The essence of NFP is to utilize the body's natural cycles rather than external interventions like medications, surgical methods, or artificial barriers. It emphasizes education and understanding of one's reproductive health, making it a holistic approach to family planning.

8. When does postpartum depression typically manifest?

- A. Within the first 6 weeks after delivery**
- B. 6 months after delivery**
- C. Immediately after delivery**
- D. Within the first 3 days after delivery**

Postpartum depression typically manifests within the first 6 weeks after delivery, making this the most accurate choice. This timeframe is crucial because many women experience a range of emotional changes after childbirth, and while "baby blues" can occur quite early, postpartum depression is a more severe form of these changes that can emerge shortly after but often stabilizes into a longer-lasting condition within the mentioned weeks. Recognizing this period is key for healthcare providers to identify and offer support to new mothers who may be struggling. If not addressed, the symptoms can persist beyond the 6-week mark, but the most notable onset is usually captured within this initial phase of postpartum recovery. This knowledge helps in the initiation of appropriate interventions and treatments to support the mother's mental health during this vulnerable time.

9. What is the recommended post-exposure prophylaxis for HIV?

- A. Intravenous immunoglobulin therapy**
- B. Antiretroviral therapy within 72 hours after exposure**
- C. Regular blood donations**
- D. Monitoring of symptoms only**

The recommended post-exposure prophylaxis for HIV is antiretroviral therapy administered within 72 hours after potential exposure to the virus. This intervention is crucial because it significantly reduces the risk of HIV infection if started promptly. The guidelines emphasize the importance of initiating this therapy as soon as possible, ideally within hours of the exposure, but definitely within the 72-hour window to maximize its effectiveness. By using a combination of antiretroviral medications, this therapy works to suppress the replication of the virus in case any particles have entered the bloodstream. The aim is to prevent the establishment of a permanent infection and is particularly vital for anyone potentially exposed through high-risk activities such as needle sharing or unprotected sexual encounters. Options that involve other methods, such as intravenous immunoglobulin therapy, regular blood donations, or simply monitoring for symptoms, do not provide an effective means of preventing HIV infection post-exposure and are not recommended by health authorities. These alternatives either lack evidence supporting their efficacy in preventing HIV or would not provide timely intervention necessary to combat the virus before it takes hold in the body.

10. What health issue is often addressed with lifestyle interventions in pregnancy?

- A. Pre-eclampsia**
- B. Gestational diabetes**
- C. Placenta previa**
- D. Ectopic pregnancy**

Gestational diabetes is a form of diabetes that can develop during pregnancy and is primarily addressed through lifestyle interventions. The management of gestational diabetes often involves dietary changes, such as adopting a balanced diet that focuses on controlling carbohydrate intake and promoting healthy weight gain. In addition to dietary modifications, regular physical activity is emphasized to help regulate blood sugar levels and improve insulin sensitivity. These lifestyle changes are crucial because they can help reduce the risk of complications for both the mother and the baby. In contrast, other conditions like pre-eclampsia, placenta previa, and ectopic pregnancy are not effectively managed through lifestyle interventions alone. Pre-eclampsia may require careful monitoring and sometimes medication to control blood pressure, whereas placenta previa may necessitate more immediate medical attention due to the potential for bleeding. Ectopic pregnancy is a medical emergency that typically requires surgical intervention. Therefore, gestational diabetes stands out as the health issue during pregnancy where lifestyle changes play a vital role in management.