

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

Study Guide



Everything you need from our exam experts!

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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 diagnosis is likely to decrease hemoglobin over time?**
 - A. COPD Stage 3**
 - B. DM with A1C 13.8**
 - C. Testosterone use**
 - D. Resident of Denver, CO**
- 2. For a patient suspected of having pyelonephritis, what first step in management is recommended?**
 - A. CT scan**
 - B. Immediate hospitalization**
 - C. Antibiotic therapy**
 - D. Complete blood count**
- 3. How should an FNP approach a patient presenting with chest pain?**
 - A. Encourage the patient to rest**
 - B. Perform an immediate assessment and consider potential cardiac causes**
 - C. Schedule a follow-up appointment**
 - D. Advise the patient to take antacids**
- 4. What behavior may indicate dehydration in a patient?**
 - A. Increased appetite**
 - B. Frequent urination**
 - C. Thirst and dizziness**
 - D. Clear, abundant urine**
- 5. What is important to assess before starting hormone replacement therapy in menopausal women?**
 - A. Current weight**
 - B. History of breast or endometrial cancer**
 - C. Family history of osteoporosis**
 - D. Menstrual cycle regularity**

6. For an 84-year-old male with acute bronchitis, which diagnostic test is most appropriate?

- A. Sputum culture**
- B. Chest X-ray**
- C. Chest CT**
- D. Chest MRI**

7. Which chronic disease requires regular monitoring of INR levels?

- A. Hypertension**
- B. Atrial fibrillation**
- C. Diabetes mellitus**
- D. Chronic obstructive pulmonary disease**

8. In treating urinary tract infections, what follow-up action is generally recommended?

- A. Repeat urinalysis**
- B. ORDER A CYSTOSCOPY**
- C. Schedule patient for a follow-up appointment**
- D. Check for international travel history**

9. Which patient group can be prioritized for early HIV testing?

- A. 12-year-olds**
- B. Pregnant women in their first trimester**
- C. Patients over 65**
- D. Patients with a history of injection drug use**

10. Which of the following organisms is considered Gram-Positive?

- A. Staphylococcus**
- B. Escherichia coli**
- C. Salmonella**
- D. Neisseria meningitidis**

Answers

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

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Explanations

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1. Which diagnosis is likely to decrease hemoglobin over time?

- A. COPD Stage 3**
- B. DM with A1C 13.8**
- C. Testosterone use**
- D. Resident of Denver, CO**

A diagnosis of COPD (Chronic Obstructive Pulmonary Disease) stage 3 is likely to decrease hemoglobin over time primarily due to chronic hypoxia and associated complications. In advanced stages of COPD, there is significant damage to lung tissue, which leads to poor oxygenation. This chronic hypoxic state can stimulate the production of erythropoietin in the kidneys, which in turn usually increases red blood cell production. However, in end-stage COPD, there may be a state of anemia due to chronic disease, nutritional deficiencies, or other contributing factors like pulmonary hypertension, which can lead to hemolysis or insufficient red blood cell production despite increased erythropoietin levels. Patients with COPD often experience systemic inflammation that can mediate anemia of chronic disease by affecting iron metabolism and utilization, leading to a gradual decrease in hemoglobin levels. Hence, COPD stage 3 has a direct correlation with reduced hemoglobin over time compared to the other options listed.

2. For a patient suspected of having pyelonephritis, what first step in management is recommended?

- A. CT scan**
- B. Immediate hospitalization**
- C. Antibiotic therapy**
- D. Complete blood count**

In cases of suspected pyelonephritis, the recommended first step in management is to initiate antibiotic therapy. This infection of the kidneys often requires prompt treatment to prevent complications such as abscess formation or progression to sepsis. Starting antibiotics early is crucial in effectively controlling the infection and mitigating symptoms, considering that pyelonephritis can present with significant morbidity. While other options, such as diagnostic imaging (like a CT scan) or laboratory tests (like a complete blood count), can be part of the overall management plan, they are typically not the immediate priorities in the setting of suspected pyelonephritis. These tests may be useful in confirming the diagnosis or assessing severity but should not delay the initiation of appropriate antibiotic treatment. Immediate hospitalization may be necessary for certain patients, especially those with severe symptoms or underlying health issues, but it is not a universal requirement for all cases. Starting antibiotic therapy is the most critical and time-sensitive intervention in managing the suspected infection.

3. How should an FNP approach a patient presenting with chest pain?

- A. Encourage the patient to rest**
- B. Perform an immediate assessment and consider potential cardiac causes**
- C. Schedule a follow-up appointment**
- D. Advise the patient to take antacids**

When a patient presents with chest pain, the most critical action for a Family Nurse Practitioner (FNP) is to perform an immediate assessment and consider potential cardiac causes. Chest pain can be indicative of various serious conditions, including myocardial infarction (heart attack), angina, pulmonary embolism, or aortic dissection, among others. Therefore, a thorough and immediate evaluation is essential to rule out life-threatening issues. This process typically involves taking a detailed patient history, conducting a physical examination, and possibly initiating diagnostic tests such as an electrocardiogram (ECG) and blood tests to check for cardiac enzymes. Early identification of cardiac causes can greatly improve patient outcomes, as some of these conditions require urgent medical intervention. In contrast, encouraging the patient to rest might delay necessary interventions, scheduling a follow-up appointment would not address the immediate risk factors associated with chest pain, and advising the patient to take antacids may mismanage a potentially serious condition if the pain is actually of cardiac origin. Each of these alternative actions does not prioritize the urgency and seriousness of assessing chest pain properly, which is why immediate assessment is the most appropriate approach.

4. What behavior may indicate dehydration in a patient?

- A. Increased appetite**
- B. Frequent urination**
- C. Thirst and dizziness**
- D. Clear, abundant urine**

Thirst and dizziness are key indicators of dehydration in a patient. When the body experiences a deficit in fluids, it often signals the need for water through the sensation of thirst. Dizziness can occur as a result of decreased blood volume and reduced blood flow to the brain, which is a common physiological response to dehydration. This combination of symptoms is particularly telling because they reflect the body's attempt to maintain homeostasis and the consequences of inadequate fluid levels. In contrast, increased appetite may not be directly related to hydration status, while frequent urination tends to suggest adequate hydration rather than dehydration. Clear, abundant urine is indicative of proper hydration, whereas concentrated urine would point towards dehydration. Therefore, the combination of thirst and dizziness effectively highlights the body's response to fluid imbalance.

5. What is important to assess before starting hormone replacement therapy in menopausal women?

- A. Current weight**
- B. History of breast or endometrial cancer**
- C. Family history of osteoporosis**
- D. Menstrual cycle regularity**

Assessing the history of breast or endometrial cancer before starting hormone replacement therapy (HRT) in menopausal women is crucial because these conditions have a significant relationship with the risks associated with hormone therapy. Hormones can stimulate the growth of hormone-sensitive tissues, and women with a personal history of these cancers may be at increased risk for recurrence or developing new cancers when exposed to hormones. Therefore, a thorough cancer history helps healthcare providers to weigh the benefits and risks of initiating hormone therapy for symptom relief in menopausal women. In contrast, while current weight, family history of osteoporosis, and menstrual cycle regularity may provide useful background information, they do not directly inform the immediate risks associated with initiating HRT. Body weight can influence estrogen metabolism, family history can indicate potential osteoporosis risk, and menstrual cycle regularity can give insight into ovarian function, but these factors are not as critical in determining the appropriateness of HRT in the context of prior cancer history.

6. For an 84-year-old male with acute bronchitis, which diagnostic test is most appropriate?

- A. Sputum culture**
- B. Chest X-ray**
- C. Chest CT**
- D. Chest MRI**

For an 84-year-old male with acute bronchitis, a chest X-ray is the most appropriate diagnostic test to evaluate the condition. Acute bronchitis is often diagnosed clinically based on the patient's symptoms, such as a persistent cough often accompanied by mucus production. However, performing a chest X-ray can help rule out other potential causes of the patient's symptoms, such as pneumonia or any other pulmonary issues that may require different management. In older adults, especially those with a history of respiratory conditions or presenting with more severe symptoms, there is a greater risk of complications from respiratory infections. A chest X-ray can quickly provide valuable information about the lungs' condition and assist in determining whether there is an underlying infection or other pathology. Other options, such as sputum culture, would typically be reserved for cases where a bacterial infection is suspected and would not be the first-line choice for a straightforward case of acute bronchitis. Similarly, chest CT and chest MRI are advanced imaging modalities that are more appropriate for chronic conditions or specific indications, rather than for diagnosing acute bronchitis. These tests are more complex, involve higher radiation exposure (in the case of CT), or are not as readily available for this type of acute diagnosis, thus making the chest X-ray the most appropriate choice.

7. Which chronic disease requires regular monitoring of INR levels?

- A. Hypertension**
- B. Atrial fibrillation**
- C. Diabetes mellitus**
- D. Chronic obstructive pulmonary disease**

Regular monitoring of INR (International Normalized Ratio) levels is essential in the management of atrial fibrillation because this condition often requires anticoagulation therapy to reduce the risk of stroke. Patients with atrial fibrillation may be prescribed anticoagulants, such as warfarin, which require INR testing to ensure that blood clotting levels remain within a therapeutic range. This monitoring helps prevent both thromboembolic events and complications associated with over-anticoagulation, such as bleeding. In contrast, the other conditions listed do not typically necessitate routine INR monitoring. Hypertension is primarily managed with blood pressure monitoring and medications that may not affect INR levels. Diabetes mellitus management focuses on blood glucose levels and may involve various medications but does not relate to INR. Chronic obstructive pulmonary disease (COPD) primarily requires monitoring of respiratory function and other parameters rather than coagulation status. Therefore, atrial fibrillation stands out as the chronic disease that specifically requires regular INR level assessments for safe and effective management.

8. In treating urinary tract infections, what follow-up action is generally recommended?

- A. Repeat urinalysis**
- B. ORDER A CYSTOSCOPY**
- C. Schedule patient for a follow-up appointment**
- D. Check for international travel history**

In the management of urinary tract infections (UTIs), following up with the patient for a scheduled appointment is essential to ensure effective treatment and resolution of the infection. This approach allows the healthcare provider to assess the patient's response to therapy, review symptoms, and address any ongoing concerns or complications that may have arisen. During the follow-up visit, the healthcare provider can check for persistence or recurrence of symptoms, evaluate if the prescribed antibiotics were effective, and consider alternate treatment strategies if necessary. This proactive follow-up also fosters patient engagement and education regarding preventive measures to avoid future UTIs. While other options such as repeat urinalysis or ordering a cystoscopy may be relevant in specific cases—particularly when there is a history of recurrent infections or suspicion of anatomical abnormalities—the standard follow-up typically emphasizes direct patient interaction to improve care outcomes. Checking for international travel history may not be routinely necessary unless there's a specific concern about travel-related infections. This reinforces the importance of personalized patient care and tailored follow-up in UTI management.

9. Which patient group can be prioritized for early HIV testing?

- A. 12-year-olds**
- B. Pregnant women in their first trimester**
- C. Patients over 65**
- D. Patients with a history of injection drug use**

Prioritizing early HIV testing is essential in populations at higher risk for infection. Those with a history of injection drug use are at a significantly increased risk of contracting HIV due to the shared use of needles, which can lead to exposure to infected blood. This history indicates a need for prompt testing, as early detection can improve health outcomes and reduce transmission rates. While other groups, such as pregnant women in their first trimester, also have specific guidelines for testing, the urgency for individuals with a history of injection drug use is particularly high due to the ongoing risk of exposure and the potential for rapid disease progression if left untreated. In contrast, the other options, such as 12-year-olds and patients over 65, generally do not represent as high a risk unless there are additional risk factors present.

10. Which of the following organisms is considered Gram-Positive?

- A. Staphylococcus**
- B. Escherichia coli**
- C. Salmonella**
- D. Neisseria meningitidis**

Staphylococcus is considered a Gram-positive organism due to its cell wall structure, which has a thick layer of peptidoglycan that retains the crystal violet stain during the Gram staining process. This thick peptidoglycan layer is characteristic of Gram-positive bacteria and leads to the appearance of a purple color under a microscope after the staining process. In contrast, the other organisms listed are Gram-negative. For example, Escherichia coli and Salmonella possess thinner peptidoglycan layers surrounded by an outer membrane, which does not retain the crystal violet stain, resulting in a pink appearance. Similarly, Neisseria meningitidis has a Gram-negative cell wall structure that also does not hold onto the crystal violet stain. Therefore, Staphylococcus stands out as the Gram-positive choice due to its distinctive cell wall composition.

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://fnppredictor.examzify.com>

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

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