

Family Nurse Practitioner Practice Exam (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. Heberden's nodes are typically associated with which condition?**
 - A) Rheumatoid arthritis**
 - B) Degenerative joint disease**
 - C) Psoriatic arthritis**
 - D) Septic arthritis**
- 2. What is a common reason for slight elevation in alkaline phosphatase levels in teenage males?**
 - A. A normal finding for his age group**
 - B. A sign of pancreatic disease**
 - C. An indication of liver dysfunction**
 - D. An abnormal result requiring immediate intervention**
- 3. What is the initial management for a second-degree burn according to existing guidelines?**
 - A. Irrigate with hydrogen peroxide and apply Silvadene cream**
 - B. Irrigate with normal saline and apply Silvadene cream BID**
 - C. Apply Neosporin ointment without irrigation**
 - D. Unroof intact blisters without treatment**
- 4. All of the following are signs of anticholinergic drug overdose except:**
 - A. Dilated pupils**
 - B. Flushing and tachycardia**
 - C. Hypertension**
 - D. Confusion**
- 5. A 70-year-old male complains of a bright red spot in his left eye. What is the most likely diagnosis?**
 - A. Corneal abrasion**
 - B. Acute bacterial conjunctivitis**
 - C. Acute uveitis**
 - D. Subconjunctival hemorrhage**

6. Which clinical eye finding is NOT associated with chronic uncontrolled hypertension?

- A. AV nicking**
- B. Copper wire arterioles**
- C. Flame-shaped hemorrhages**
- D. Microaneurysms**

7. What is a common contraindication for the use of Betimol (timolol) ophthalmic drops?

- A. Astmatic patients**
- B. Second- or third-degree AV block**
- C. Overt heart failure**
- D. Migraine headaches**

8. What is considered the best form of aerobic exercise for patients with severe rheumatoid arthritis?

- A. Yoga**
- B. Swimming**
- C. Riding a bicycle**
- D. Passive range of motion**

9. Which statement regarding physiological changes in the elderly is incorrect?

- A. There is an increase in the fat-to-lean body ratio**
- B. There is a decrease in the ability of the liver to metabolize drugs**
- C. There is an increase in renal function**
- D. Loss of hearing for sounds in the high-frequency range occurs**

10. In the Mini Mental Status Exam, having a patient recall the words "orange," "house," and "world" assesses which cognitive function?

- A. Language skills**
- B. Short-term memory**
- C. Attention span**
- D. Judgment ability**

Answers

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

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Explanations

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1. Heberden's nodes are typically associated with which condition?

- A) Rheumatoid arthritis**
- B) Degenerative joint disease**
- C) Psoriatic arthritis**
- D) Septic arthritis**

Heberden's nodes are bony growths that develop on the distal interphalangeal joints of the fingers and are characteristic of osteoarthritis, also known as degenerative joint disease. This condition results from the wear and tear of cartilage that cushions the joints, leading to pain, stiffness, and the formation of these nodes. The presence of Heberden's nodes specifically indicates the degenerative changes associated with osteoarthritis rather than inflammatory or infectious conditions like rheumatoid arthritis, psoriatic arthritis, or septic arthritis. These other conditions manifest with different types of joint involvement and may have additional systemic symptoms. Therefore, the association of Heberden's nodes with degenerative joint disease highlights their significance as a clinical feature indicative of this particular condition.

2. What is a common reason for slight elevation in alkaline phosphatase levels in teenage males?

- A. A normal finding for his age group**
- B. A sign of pancreatic disease**
- C. An indication of liver dysfunction**
- D. An abnormal result requiring immediate intervention**

A slight elevation in alkaline phosphatase levels in teenage males is commonly found due to the physiological processes associated with growth and development during adolescence. Teenage boys experience significant skeletal growth, particularly during puberty, which can lead to higher production of alkaline phosphatase—an enzyme associated with bone metabolism. This natural elevation is generally considered a normal finding for this age group. It indicates that the body is actively growing and developing, rather than signaling any underlying pathology. Other options, like signs of pancreatic disease or liver dysfunction, would typically present with more pronounced elevations in enzyme levels along with additional clinical symptoms. Similarly, an abnormal result requiring immediate intervention would suggest a serious health issue that would manifest through more extreme laboratory values and clinical presentations rather than the slight elevations typically noted during growth spurts in adolescents.

3. What is the initial management for a second-degree burn according to existing guidelines?

- A. Irrigate with hydrogen peroxide and apply Silvadene cream**
- B. Irrigate with normal saline and apply Silvadene cream BID**
- C. Apply Neosporin ointment without irrigation**
- D. Unroof intact blisters without treatment**

The correct approach to managing a second-degree burn focuses on wound care that promotes healing and minimizes the risk of infection. The initial management involves irrigating the burn with normal saline. This cleansing step removes debris and reduces the bacterial load, which is critical in preventing infection. After thoroughly irrigating the area, the application of Silvadene cream (silver sulfadiazine) is appropriate as it serves as an antimicrobial agent. Using it twice daily (BID) ensures sustained antimicrobial coverage, which helps in preventing infection in the damaged skin tissue. This regimen aligns with established protocols for managing superficial partial-thickness burns, which are characterized by the presence of blisters and pain. This method of care is reinforced in clinical guidelines, highlighting the importance of cleanliness and the use of antimicrobial treatments in the management of burns. The combination of saline irrigation and the application of Silvadene creates an optimal environment for healing while addressing potential complications.

4. All of the following are signs of anticholinergic drug overdose except:

- A. Dilated pupils**
- B. Flushing and tachycardia**
- C. Hypertension**
- D. Confusion**

Anticholinergic drug overdose often presents with a characteristic set of symptoms related to the inhibition of acetylcholine, which is a neurotransmitter associated with many bodily functions, particularly in the parasympathetic nervous system. In cases of overdose, one can typically expect to see signs such as dilated pupils (mydriasis), which result from the inhibition of the iris sphincter muscle; flushing and tachycardia as a result of increased sympathetic activity; and confusion due to central nervous system effects, which may also include agitation and hallucinations. Hypertension does not typically present as a direct sign of anticholinergic drug overdose. While some patients may experience elevated blood pressure due to increased sympathetic activity, it is not a classic sign associated with anticholinergic toxicity. Most often, the focus is on the triad of symptoms—dry skin, flushed face, and dilated pupils—along with confusion. Therefore, recognizing hypertension as a less definitive sign helps clarify that it does not belong to the core symptoms expected in cases of anticholinergic overdose.

5. A 70-year-old male complains of a bright red spot in his left eye. What is the most likely diagnosis?

- A. Corneal abrasion**
- B. Acute bacterial conjunctivitis**
- C. Acute uveitis**
- D. Subconjunctival hemorrhage**

The presence of a bright red spot in the eye of a 70-year-old male is most consistent with a subconjunctival hemorrhage. This condition occurs when small blood vessels in the conjunctiva break, leading to bleeding and the appearance of a bright red area on the white part of the eye (sclera). It is often caused by minor trauma, increased pressure (as seen with coughing or straining), or can occur without a clear cause, particularly in older adults whose connective tissue may be more fragile. On the other hand, corneal abrasion would typically present with symptoms of pain, tearing, and light sensitivity, not just a localized red area. Acute bacterial conjunctivitis would generally involve symptoms such as purulent discharge, redness, and irritation rather than a distinctly bright red spot. Acute uveitis might present with symptoms such as eye pain, photophobia, and blurred vision, along with redness but is accompanied by a more diffuse redness or discomfort rather than a defined bright red area. Therefore, the isolated bright red spot indicates a localized hemorrhage rather than an infectious or inflammatory condition, making subconjunctival hemorrhage the most likely diagnosis.

6. Which clinical eye finding is NOT associated with chronic uncontrolled hypertension?

- A. AV nicking**
- B. Copper wire arterioles**
- C. Flame-shaped hemorrhages**
- D. Microaneurysms**

Chronic uncontrolled hypertension leads to specific changes in the vasculature of the retina, which can be observed through various clinical findings. AV (arteriovenous) nicking occurs when the arterioles become so thickened that they compress the venules at points where they cross, a classic sign of longstanding hypertension. Copper wire arterioles refer to the appearance of narrowed, rigid arterioles that take on a coppery sheen, indicating chronic changes due to hypertension. Flame-shaped hemorrhages represent localized bleeding due to rupture of superficial retinal capillaries, which can also occur in the context of severe hypertension. These findings are all directly linked to the effects of uncontrolled high blood pressure on the retinal vascular system. Microaneurysms, however, are primarily associated with diabetic retinopathy. They occur due to changes in retinal capillaries from diabetes rather than hypertension. Therefore, the clinical eye finding that is not associated with chronic uncontrolled hypertension is indeed microaneurysms, as they reflect a different pathological process related to diabetes rather than to the hypertensive changes seen in the other findings.

7. What is a common contraindication for the use of Betimol (timolol) ophthalmic drops?

- A. Astmatic patients**
- B. Second- or third-degree AV block**
- C. Overt heart failure**
- D. Migraine headaches**

Betimol (timolol) is a non-selective beta-adrenergic antagonist commonly used to lower intraocular pressure in conditions like glaucoma or ocular hypertension. A key contraindication in its use is related to cardiovascular effects, primarily due to its systemic absorption when administered as eye drops. Patients with second- or third-degree AV block or overt heart failure may experience worsening of their cardiac conditions with beta-blockers, as these medications can reduce heart rate and myocardial contractility. This physiological response raises concerns about the potential for serious heart rhythm disturbances or exacerbation of heart failure. In contrast, while migraine headaches may lead a clinician to consider the potential for beta-blocker therapy as a preventive measure, they are not a contraindication for timolol use. Some patients with a history of migraines may actually benefit from beta-blockers. Considering this, the common contraindications based on the patient's cardiovascular status clearly support the need for caution when administering timolol. Thus, the emphasis is placed on the selection of patients with underlying cardiac conditions.

8. What is considered the best form of aerobic exercise for patients with severe rheumatoid arthritis?

- A. Yoga**
- B. Swimming**
- C. Riding a bicycle**
- D. Passive range of motion**

In the case of patients with severe rheumatoid arthritis, swimming is widely regarded as the best form of aerobic exercise. This is primarily due to the buoyancy of water, which reduces the stress and strain on the joints while allowing for movement and exercise. Swimming promotes cardiovascular fitness, flexibility, and provides a full-body workout without exacerbating pain or discomfort, which is crucial for individuals with joint-related conditions. Yoga, while beneficial for enhancing flexibility, strength, and stress relief, does not typically provide the same level of cardiovascular conditioning as swimming. Furthermore, certain poses and transitions in yoga can put stress on already inflamed and painful joints, potentially leading to injury or increased discomfort. Riding a bicycle can also be a good option, particularly if adjusted for comfort and if the patient has access to a stationary bike. However, it may not be as universally accessible or less stressful for those with severe joint issues compared to the supportive environment of water. Passive range of motion is primarily a rehabilitation technique rather than a form of aerobic exercise, focusing on maintaining joint mobility rather than promoting cardiovascular fitness or overall physical activity. In summary, swimming's unique advantages, such as low impact and the ability to exercise without exacerbating joint pain, make it the most suitable form of aerobic exercise.

9. Which statement regarding physiological changes in the elderly is incorrect?

- A. There is an increase in the fat-to-lean body ratio**
- B. There is a decrease in the ability of the liver to metabolize drugs**
- C. There is an increase in renal function**
- D. Loss of hearing for sounds in the high-frequency range occurs**

In elderly individuals, renal function typically declines rather than increases due to physiological changes in the kidneys. As people age, there is a decrease in glomerular filtration rate (GFR) and renal blood flow, leading to reduced kidney efficiency in filtering waste and excreting medications. This decline may manifest in various ways, such as a reduced ability to concentrate urine and manage electrolyte imbalances efficiently. The other statements are accurate representations of physiological changes that occur with aging. For instance, the increase in the fat-to-lean body ratio is a common phenomenon, as elderly individuals often experience a reduction in muscle mass while increasing fat stores. Similarly, liver function generally decreases with age, affecting the metabolism of drugs, thus requiring careful monitoring of medication dosages in geriatric patients. Additionally, age-related hearing loss, particularly in the high-frequency range, is frequently observed and can significantly impact communication and quality of life in the elderly.

10. In the Mini Mental Status Exam, having a patient recall the words "orange," "house," and "world" assesses which cognitive function?

- A. Language skills**
- B. Short-term memory**
- C. Attention span**
- D. Judgment ability**

The Mini Mental Status Exam (MMSE) includes a variety of tasks designed to assess a patient's cognitive functions. When a patient is asked to recall specific words—such as "orange," "house," and "world"—this task primarily evaluates their short-term memory. Short-term memory is the ability to temporarily hold and manipulate information over a brief period. In this scenario, the patient is required to listen to the words, retain them for a few moments, and then recall them after a brief interval. The effectiveness of this recall indicates the patient's capability to store and retrieve information, which is a critical aspect of short-term memory function. Other cognitive functions like language skills pertain to the ability to comprehend or produce speech, attention span involves the ability to focus on tasks, and judgment ability relates to decision-making and understanding consequences. While all of these aspects are important in a comprehensive assessment, in this case, the act of recalling the specified words directly tests the patient's short-term memory capability.

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://fnp.examzify.com>

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

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