

FAMILY NURSE PRACTITIONER PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. For an elderly woman on digoxin displaying new onset atrial fibrillation, what is considered the most appropriate intervention?**
 - A. Order an electrolyte panel and a digoxin level
 - B. Order a serum thyroid-stimulating hormone (TSH), digoxin level, and an electrolyte panel
 - C. Order a serum digoxin level and decrease her digoxin dose by half while waiting for results
 - D. Discontinue the digoxin and order another 12-lead EKG
- 2. Which of the following conditions is not associated with Heberden's nodes?**
 - A. A) Osteoarthritis
 - B. B) Rheumatoid arthritis
 - C. C) Degenerative joint disease
 - D. D) Psoriatic arthritis
- 3. In an infant with coarctation of the aorta, what would be the expected blood pressure readings?**
 - A. Higher in the arms than in the legs
 - B. Only diastolic higher in the legs
 - C. Higher in the legs than the arms
 - D. Lower in both arms than in the legs
- 4. For an older diabetic male with macrocytic anemia, which test is most appropriate to identify potential deficiencies?**
 - A. Serum ferritin and a peripheral smear
 - B. Hemoglobin electrophoresis
 - C. Serum folate acid and B12 level
 - D. Schilling test
- 5. 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

- 6. What type of sign does Jane's feeling of the baby's movements classify as?**
- A. Presumptive sign
 - B. Probable sign
 - C. Positive sign
 - D. Possible sign
- 7. What initial laboratory test should be performed for an 82-year-old patient who experienced a syncopal episode?**
- A. Urinalysis
 - B. Serum electrolytes
 - C. Blood glucose
 - D. Hemoglobin and hematocrit
- 8. Which of the following conditions is not an absolute contraindication for the use of oral contraceptives?**
- A. Hepatomas
 - B. History of emboli that resolved with heparin therapy 15 years ago
 - C. A family history of migraines with aura
 - D. A history of gallbladder disease during pregnancy
- 9. What is the minimum size of induration that is considered positive for recent exposure to tuberculosis?**
- A. 3 mm
 - B. 5 mm
 - C. 10 mm
 - D. 15 mm
- 10. Cluster headaches predominantly occur in which demographic?**
- A. Adolescent females
 - B. Middle-aged men
 - C. Elderly men
 - D. Postmenopausal women

Answers

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

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Explanations

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1. For an elderly woman on digoxin displaying new onset atrial fibrillation, what is considered the most appropriate intervention?

- A. Order an electrolyte panel and a digoxin level
- B. Order a serum thyroid-stimulating hormone (TSH), digoxin level, and an electrolyte panel**
- C. Order a serum digoxin level and decrease her digoxin dose by half while waiting for results
- D. Discontinue the digoxin and order another 12-lead EKG

The most appropriate intervention for the elderly woman on digoxin who is displaying new onset atrial fibrillation is to order a serum thyroid-stimulating hormone (TSH), a digoxin level, and an electrolyte panel. In this scenario, it is critical to assess multiple factors that could be contributing to the new onset atrial fibrillation. The TSH test helps evaluate thyroid function, as thyroid disorders, particularly hyperthyroidism, can precipitate atrial fibrillation. The digoxin level is essential to determine whether the patient is within the therapeutic range or potentially has digoxin toxicity, which could also lead to arrhythmias. Finally, an electrolyte panel is important because abnormalities in potassium, magnesium, or calcium levels can significantly affect heart rhythm and lead to atrial fibrillation. By ordering all three tests, a comprehensive evaluation can be performed to address potential causes of the atrial fibrillation and guide the appropriate management of the patient's conditions. This approach considers the complexity of an elderly woman on digoxin, where multiple comorbidities are likely at play. It ensures that any necessary interventions, such as adjustments in medication or further treatment for underlying issues, can be based on accurate and relevant information.

2. Which of the following conditions is not associated with Heberden's nodes?

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

Heberden's nodes are bony growths that develop in the distal interphalangeal joints of the fingers, primarily associated with osteoarthritis. This type of arthritis is characterized by wear and tear of cartilage, leading to the formation of these nodes due to the underlying joint changes. Rheumatoid arthritis, on the other hand, is an inflammatory condition that primarily affects the proximal interphalangeal joints and the metacarpophalangeal joints rather than the distal joints, which is why it is not typically associated with Heberden's nodes. Instead, it tends to produce symptoms like swelling and pain in joints due to inflammation. When considering degenerative joint disease and psoriatic arthritis, while they may present with various joint manifestations, Heberden's nodes are specifically linked to osteoarthritis and not commonly seen in inflammatory types like rheumatoid arthritis. This distinction is crucial for understanding the different pathophysiological processes involved in these conditions and their clinical presentations.

3. In an infant with coarctation of the aorta, what would be the expected blood pressure readings?

- A. Higher in the arms than in the legs**
- B. Only diastolic higher in the legs
- C. Higher in the legs than the arms
- D. Lower in both arms than in the legs

In cases of coarctation of the aorta, which is a congenital condition characterized by a narrowing of the aorta, the expected blood pressure readings show higher values in the arms than in the legs. This occurs because the area beyond the coarctation (often downstream to the left subclavian artery) experiences reduced blood flow and pressure due to the narrowing. Therefore, the upper body, including the arms, receives more blood supply and thus registers higher blood pressure compared to the lower body, specifically the legs, which are subject to the effects of the coarctation. Recognizing this pattern is essential for the diagnosis of coarctation of the aorta, as the differential blood pressure readings provide vital clues. Infants with this condition often exhibit signs of poor perfusion in the lower extremities, and the contrast in blood pressure can aid healthcare providers in assessing the severity of the narrowing and guiding further management. The presence of higher blood pressure in the arms compared to the legs is a classic teaching point in pediatric cardiology.

4. For an older diabetic male with macrocytic anemia, which test is most appropriate to identify potential deficiencies?

- A. Serum ferritin and a peripheral smear
- B. Hemoglobin electrophoresis
- C. Serum folate acid and B12 level**
- D. Schilling test

In the context of an older diabetic male presenting with macrocytic anemia, assessing for potential deficiencies in vitamin B12 and folate is essential. Macrocytic anemia, characterized by larger than normal red blood cells, can arise from several nutritional deficiencies, most notably vitamin B12 and folate. Both of these vitamins are crucial for DNA synthesis in red blood cell production, and deficiencies can lead to the impaired maturation of these cells, resulting in macrocytic anemia. Serum folate and B12 levels are direct tests that can definitively indicate whether deficiencies in these vitamins are contributing to the patient's macrocytic anemia. If the levels of either of these vitamins are found to be low, appropriate supplementation or dietary changes can be initiated to address the deficiency and, consequently, the macrocytic anemia. In contrast, while serum ferritin and a peripheral smear might provide insights into iron status and overall cell morphology, they do not directly evaluate for the specific deficiencies most pertinent to macrocytic anemia. Similarly, hemoglobin electrophoresis primarily focuses on identifying hemoglobin variants and disorders rather than addressing nutritional deficiencies. The Schilling test, once a standard for assessing vitamin B12 absorption, is now rarely used in clinical practice and does not apply to the immediate

5. 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.

6. What type of sign does Jane's feeling of the baby's movements classify as?

- A. Presumptive sign
- B. Probable sign**
- C. Positive sign
- D. Possible sign

Feeling the baby's movements is classified as a presumptive sign of pregnancy. This type of sign is characterized by symptoms or indications that suggest a woman may be pregnant but are not definitive proof of pregnancy. Presumptive signs can be subjective and may also be attributed to other conditions. Examples include missed periods, nausea, tenderness of the breasts, and fetal movements felt by the mother. While probable signs and positive signs involve more objective evidence or confirmation, such as a positive pregnancy test (probable sign) or visualization of the fetus via ultrasound (positive sign), specific actions or symptoms perceived by the mother, like the movement of the fetus, fall into the category of presumptive signs. Hence, Jane's sensation of her baby's movements aligns with this classification, highlighting the connection between maternal feelings and pregnancy indicators.

7. What initial laboratory test should be performed for an 82-year-old patient who experienced a syncopal episode?

- A. Urinalysis
- B. Serum electrolytes
- C. Blood glucose**
- D. Hemoglobin and hematocrit

For an 82-year-old patient who experienced a syncopal episode, the most appropriate initial laboratory test to perform is measuring the serum electrolytes. This decision is based on the fact that disturbances in electrolyte levels, such as sodium and potassium, can significantly contribute to dizziness, syncope, and even arrhythmias, especially in older adults who may have multiple comorbidities and may be on various medications that affect electrolyte balance. In the context of an elderly patient, dehydration, renal function decline, and cardiac issues are common factors that can lead to changes in electrolytes. By assessing serum electrolytes initially, healthcare providers can quickly identify any abnormalities that may need to be corrected or further investigated, thereby guiding appropriate management for the patient's symptoms. Other tests such as blood glucose, urinalysis, and hemoglobin and hematocrit are also useful in different scenarios. However, they are not the immediate priority in the context of unexplained syncope where electrolyte imbalances are a more pressing concern to rule out.

8. Which of the following conditions is not an absolute contraindication for the use of oral contraceptives?

- A. Hepatomas
- B. History of emboli that resolved with heparin therapy 15 years ago
- C. A family history of migraines with aura**
- D. A history of gallbladder disease during pregnancy

Oral contraceptives are generally contraindicated in conditions that significantly increase the risk of serious adverse effects, particularly thromboembolism. Conditions such as hepatomas, unresolved emboli, or a history of gallbladder disease, especially during pregnancy, may pose substantial risks if oral contraceptives are used. In contrast, a family history of migraines with aura is not considered an absolute contraindication. Although migraines with aura can be a risk factor for stroke when taking estrogen-containing contraceptives, a family history does not automatically mean the individual will experience similar issues. The increased risk is more pertinent to those who actively experience migraines with aura themselves. Therefore, individuals with only a family history of such migraines can generally use oral contraceptives, assuming they do not have a personal history of migraines with aura. This differentiation is essential in making informed decisions about contraceptive use, balancing risks with the individual's specific health background.

9. What is the minimum size of induration that is considered positive for recent exposure to tuberculosis?

- A. 3 mm
- B. 5 mm**
- C. 10 mm
- D. 15 mm

A positive tuberculin skin test (TST) indicates likely exposure to tuberculosis (TB) based on the size of the induration, measured in millimeters. For individuals with certain risk factors, including recent exposure to an infected individual, a minimum induration of 5 mm is considered positive. This threshold reflects the heightened risk in specific groups, such as those with HIV, recent contacts of TB cases, or those who have received organ transplants. In contrast, the other sizes for induration are interpreted based on different contexts. For example, a 10 mm induration is typically the cutoff for individuals who may be at increased risk, like healthcare workers or people with chronic conditions, while 15 mm is generally used for those with no known risk factors. The criteria aim to ensure accurate screening and subsequent action for at-risk populations, emphasizing the importance of the 5 mm standard for recent TB exposure.

10. Cluster headaches predominantly occur in which demographic?

- A. Adolescent females
- B. Middle-aged men**
- C. Elderly men
- D. Postmenopausal women

Cluster headaches predominantly occur in middle-aged men, making this the correct response. This demographic shows a significantly higher prevalence for cluster headaches compared to other groups. Research indicates that most individuals suffering from cluster headaches are typically males between the ages of 30 and 50. The exact reasons for this gender disparity are not entirely clear, but hormonal differences and variations in pain thresholds may play a role. Moreover, cluster headaches tend to be more common in individuals with a history of smoking or heavy alcohol use, which again points toward a demographic that includes primarily middle-aged men. In contrast, other groups such as adolescent females, elderly men, and postmenopausal women show much lower incidence rates for this type of headache, making them less characteristic of the population most affected by cluster headaches. Understanding these demographics helps in both recognizing and effectively managing cluster headaches in clinical practice.

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:

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

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