

# Fitzgerald Nurse Practitioner (NP) Exit Practice Exam (Sample)

## Study Guide



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## **Questions**

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- 1. What establishes a duty of care in medical practice?**
  - A. A verbal agreement with the patient**
  - B. Establishment of a provider-patient relationship**
  - C. Documentation of patient history**
  - D. Patient trust in the provider**
- 2. What does breaching the standard of care involve?**
  - A. Adhering to all medical regulations**
  - B. Following patient requests strictly**
  - C. Failing to adhere to current practice standards**
  - D. Documenting all patient interactions**
- 3. Which condition would generally be a contraindication for administering live vaccines?**
  - A. Diabetes Mellitus**
  - B. Sickle Cell Disease**
  - C. Immunosuppression**
  - D. Asthma**
- 4. What is a typical symptom of Graves' disease?**
  - A. Weight loss**
  - B. Cold intolerance**
  - C. Fatigue**
  - D. Sensitivity to heat**
- 5. Clue cells are commonly associated with which gynecological condition?**
  - A. Vulvovaginal candidiasis**
  - B. Bacterial Vaginosis (BV)**
  - C. Chlamydia infection**
  - D. Pelvic Inflammatory Disease**
- 6. Which exam finding is consistent with Graves' disease?**
  - A. Increased heart rate**
  - B. Decreased appetite**
  - C. Eyelid retraction**
  - D. Weight gain**

- 7. What ethical principle is violated when patient confidentiality is breached?**
- A. Justice**
  - B. Autonomy**
  - C. Beneficence**
  - D. Non-maleficence**
- 8. At what point during pregnancy do women with asthma tend to worsen?**
- A. 10-12 weeks**
  - B. 16-20 weeks**
  - C. 24-30 weeks**
  - D. 29-40 weeks**
- 9. Which hormone is responsible for stimulating the thyroid to produce hormones?**
- A. Insulin**
  - B. Cortisol**
  - C. Thyroid-stimulating hormone (TSH)**
  - D. Luteinizing hormone (LH)**
- 10. Which of the following is a possible side effect of hormone therapy in women?**
- A. Improved skin elasticity**
  - B. Increased risk of ovarian cancer**
  - C. Reduced risk of osteoporosis**
  - D. Vaginal atrophy**

## **Answers**

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

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## **Explanations**

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## 1. What establishes a duty of care in medical practice?

- A. A verbal agreement with the patient
- B. Establishment of a provider-patient relationship**
- C. Documentation of patient history
- D. Patient trust in the provider

A provider-patient relationship is fundamental in establishing a duty of care within medical practice. When a patient seeks medical advice or treatment from a provider, and the provider agrees to provide care, this forms a legal and ethical obligation for the provider to act in the best interests of the patient. This relationship implies that the provider will deliver care consistent with the standards of the profession and take reasonable measures to ensure the well-being of the patient. The duty of care is a critical component of medical malpractice cases; if this relationship exists, it is assumed that the provider has a responsibility to provide competent care. This obligation extends to adhering to established protocols, accurately diagnosing conditions, and managing treatment plans appropriately. In contrast, a verbal agreement may not clearly define expectations or commitments and may lack the formal recognition that a provider-patient relationship entails. Documentation of patient history, while important, does not itself establish a duty of care, nor does patient trust inherently create the legal and professional expectations inherent in a provider-patient relationship.

## 2. What does breaching the standard of care involve?

- A. Adhering to all medical regulations
- B. Following patient requests strictly
- C. Failing to adhere to current practice standards**
- D. Documenting all patient interactions

Breaching the standard of care involves a failure to adhere to accepted current practice standards within the medical field. The standard of care is defined as the level of care, skill, and judgment that a reasonably competent healthcare professional would provide under similar circumstances. When a healthcare provider fails to meet these established standards, it may result in substandard treatment that can lead to harm or injury to a patient. This breach can be assessed through various factors, including the actions taken (or not taken) during patient care, the methods used in treatment, and the decisions made in diagnosis and management. This concept is pivotal in determining liability in cases of medical malpractice. It underscores the importance of healthcare professionals staying informed about evolving practices, guidelines, and technological advancements to ensure they are providing care that aligns with current professional standards. While adhering to medical regulations, following patient requests, and documenting patient interactions are all important aspects of clinical practice, they do not specifically capture the essence of breaching the standard of care, which is fundamentally about the quality and appropriateness of the medical care being delivered.

**3. Which condition would generally be a contraindication for administering live vaccines?**

- A. Diabetes Mellitus**
- B. Sickle Cell Disease**
- C. Immunosuppression**
- D. Asthma**

The administration of live vaccines is contraindicated in individuals with immunosuppression due to the risk of serious infections. Live vaccines contain live, attenuated pathogens that can cause disease in individuals with a weakened immune system, which may be a result of various factors including certain medical conditions or treatments that suppress immune function. In patients with immunosuppression, the body's ability to respond to the vaccine is diminished, increasing the potential for the vaccine to lead to an illness rather than providing protective immunity. Such conditions can include HIV/AIDS, active cancer treatment, organ transplant recipients, and those on long-term corticosteroid therapy or other immunosuppressants. Understanding this, healthcare providers exercise caution and typically avoid administering live vaccines to patients who fall into this category to prevent any adverse health outcomes. The other conditions listed, while they may affect overall health, do not have the same level of risk associated with live vaccines as does immunosuppression.

**4. What is a typical symptom of Graves' disease?**

- A. Weight loss**
- B. Cold intolerance**
- C. Fatigue**
- D. Sensitivity to heat**

Graves' disease is an autoimmune hyperthyroid condition characterized by the overproduction of thyroid hormones. A typical symptom associated with this condition is weight loss, which occurs despite an increased appetite. The elevated levels of thyroid hormones accelerate metabolism, leading to an increase in energy expenditure. As a result, individuals with Graves' disease often experience significant weight loss over time, even though they may be eating more than usual. In contrast, symptoms like cold intolerance, fatigue, and sensitivity to heat can be seen in different contexts or conditions. Cold intolerance generally links to hypothyroidism, where an underactive thyroid results in reduced metabolic activity and energy levels. Fatigue is a common symptom in both hyperthyroid and hypothyroid states; however, in the context of Graves' disease, it is not as prominently defining as weight loss. Sensitivity to heat, while encountered in hyperthyroid conditions, typically refers to a discomfort level with heat rather than a significant symptom like weight loss in Graves' disease, which stands out more distinctly due to its direct impact on metabolism.

**5. Clue cells are commonly associated with which gynecological condition?**

- A. Vulvovaginal candidiasis**
- B. Bacterial Vaginosis (BV)**
- C. Chlamydia infection**
- D. Pelvic Inflammatory Disease**

Clue cells are specifically associated with bacterial vaginosis (BV), making this the correct answer. These cells are vaginal epithelial cells that become stippled in appearance due to the presence of bacteria, primarily *Gardnerella vaginalis*, which is a hallmark of BV. The presence of clue cells is a key diagnostic criterion for this condition, as they indicate an imbalance in the normal vaginal flora and a predominance of anaerobic bacteria. In contrast, conditions like vulvovaginal candidiasis, chlamydia infection, and pelvic inflammatory disease have different presentations and causative agents. For instance, vulvovaginal candidiasis is characterized by symptoms such as itching and thick, white discharge, but it does not involve clue cells. Chlamydia, typically a sexually transmitted infection, may lead to symptoms of irregular bleeding or pelvic pain but is diagnosed through specific tests rather than the appearance of clue cells. Pelvic inflammatory disease involves infection and inflammation of the female reproductive organs and can be due to various pathogens, but does not specifically feature clue cells in its diagnosis. Thus, recognizing clue cells as indicative of bacterial vaginosis provides valuable insight into managing and diagnosing this common gynecological condition.

**6. Which exam finding is consistent with Graves' disease?**

- A. Increased heart rate**
- B. Decreased appetite**
- C. Eyelid retraction**
- D. Weight gain**

In Graves' disease, which is a form of hyperthyroidism, several characteristic clinical findings can be observed. One significant finding is eyelid retraction, also known as lid lag or exophthalmos in the context of thyroid eye disease associated with Graves' disease. This occurs due to the overactivity of the thyroid gland, which can lead to an increase in the sympathetic nervous system activity affecting the muscles controlling eyelid movement. When eyelid retraction is present, it results in the upper eyelids being positioned higher than normal, creating a distinctive appearance often associated with the disease. This finding represents not just an ocular symptom but also ties into the systemic effects of hyperthyroidism as seen in Graves' disease, where various tissues, including the eyes, become affected. Recognizing eyelid retraction as a clinical sign is important for diagnosis and differentiating it from other conditions that do not exhibit this ocular manifestation. The other options presented—such as increased heart rate and decreased appetite—are common symptoms of hyperthyroidism in general but are not as specific as eyelid retraction when it comes to identifying Graves' disease. Weight gain is typically associated with hypothyroidism, not hyperthyroidism, making eyelid retraction the hallmark finding.

**7. What ethical principle is violated when patient confidentiality is breached?**

- A. Justice**
- B. Autonomy**
- C. Beneficence**
- D. Non-maleficence**

When patient confidentiality is breached, the ethical principle of autonomy is violated. Autonomy refers to the right of patients to make informed choices about their own healthcare and to have their personal health information kept private. Maintaining confidentiality is essential for respecting a patient's autonomy, as it ensures that they can trust healthcare providers with sensitive information. When confidentiality is compromised, patients may feel their autonomy is undermined, leading to a lack of trust in the healthcare system, which can inhibit their willingness to seek care or share important information necessary for effective treatment. In the context of the other ethical principles, justice pertains to fairness and equality in the distribution of healthcare resources, beneficence focuses on promoting the well-being of patients, and non-maleficence emphasizes the obligation to avoid causing harm. While breaches in confidentiality may relate to these principles in certain aspects, it is primarily the principle of autonomy that is most directly violated when a patient's private information is improperly disclosed.

**8. At what point during pregnancy do women with asthma tend to worsen?**

- A. 10-12 weeks**
- B. 16-20 weeks**
- C. 24-30 weeks**
- D. 29-40 weeks**

During pregnancy, women with asthma often experience changes in their respiratory status due to hormonal fluctuations, increased airway resistance, and other physiological adaptations occurring within the body. The third trimester, particularly around 24 to 30 weeks, is a critical period when many women may notice that their asthma symptoms worsen. This exacerbation is often attributed to several factors, including the growing uterus, which can exert pressure on the diaphragm and impede proper lung expansion. Additionally, the increased demand for oxygen and changes in respiratory mechanics may contribute to a heightened sensitivity to allergens and irritants, leading to exacerbated asthma symptoms. As the pregnancy progresses into the later stages, the body undergoes additional changes that can affect breathing, making it essential for healthcare providers to carefully monitor and manage asthma in pregnant women during this time to ensure both maternal and fetal well-being. This heightened risk for exacerbation during the 24 to 30-week period sets it apart from earlier or later stages in pregnancy.

**9. Which hormone is responsible for stimulating the thyroid to produce hormones?**

**A. Insulin**

**B. Cortisol**

**C. Thyroid-stimulating hormone (TSH)**

**D. Luteinizing hormone (LH)**

Thyroid-stimulating hormone (TSH) is the hormone that specifically stimulates the thyroid gland to produce its hormones, primarily thyroxine (T4) and triiodothyronine (T3). TSH is produced by the pituitary gland and plays a crucial role in the regulation of metabolism by controlling the release of these thyroid hormones. When levels of T4 and T3 in the bloodstream are low, TSH is released to stimulate the thyroid to increase hormone production, thus maintaining hormonal balance within the body. This is a key aspect of the hypothalamic-pituitary-thyroid axis, where the hypothalamus secretes thyrotropin-releasing hormone (TRH) that prompts the pituitary to release TSH. The presence of TSH is essential for normal thyroid function and the overall metabolic processes in the body.

**10. Which of the following is a possible side effect of hormone therapy in women?**

**A. Improved skin elasticity**

**B. Increased risk of ovarian cancer**

**C. Reduced risk of osteoporosis**

**D. Vaginal atrophy**

Hormone therapy in women, particularly when involving estrogen and progestin, has been associated with several potential risks and benefits. Among the possible side effects, an increased risk of ovarian cancer is a significant concern. Research indicates that long-term use of hormone replacement therapy, especially in women who take estrogen alone or who have been on it for an extended period, can elevate the risk of developing ovarian cancer. This heightened risk is particularly relevant when considering the balance of benefits and risks in hormone therapy decisions. Other factors, such as family history and personal health history, may also influence the evaluation of this risk. The recognition of this potential side effect is crucial for healthcare providers when discussing treatment options with patients, emphasizing the importance of individualized decision-making in the management of menopausal symptoms or hormone deficiencies. In contrast, options like improved skin elasticity, reduced risk of osteoporosis, and vaginal atrophy represent different aspects of hormone therapy's effects. While hormone therapy can indeed improve skin elasticity and reduce the risk of osteoporosis, vaginal atrophy is often a concern addressed by hormone therapy rather than a side effect. Thus, recognizing the increased risk of ovarian cancer is vital for informed treatment decisions.