

Fitzgerald Nurse Practitioner (NP) Pre-Test Practice (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 medication combination poses the most concern for drug-drug interactions in an elderly patient?**
 - A. Metformin and doxycycline**
 - B. Chlorothiazide and sertraline**
 - C. Fosfomycin and simvastatin**
 - D. Low-dose aspirin and lubiprostone**
- 2. What is the primary purpose of the International Classification of Diseases (ICD)?**
 - A. To classify diseases and health problems**
 - B. To develop new healthcare policies**
 - C. To set reimbursement rates for providers**
 - D. To track patient outcomes**
- 3. What should a woman do if she forgot to take her combined oral contraceptive pill yesterday?**
 - A. Take today's pill immediately and use back-up contraception for the next 7 days**
 - B. Take the missed pill ASAP and today's pill at the usual time and no back-up contraception is needed**
 - C. Take today's and yesterday's pills immediately and use back-up contraception until the start of menses**
 - D. Take today's and yesterday's pills and encourage emergency contraception**
- 4. Which of the following women is most likely to have bacterial vaginosis?**
 - A. 56-year-old woman with itching and burning**
 - B. 34-year-old woman with white, curdy discharge**
 - C. 26-year-old woman with "fishy" vaginal odor**
 - D. 22-year-old woman with motile organisms**
- 5. What is a key symptom of hypertensive retinopathy?**
 - A. Visual field loss**
 - B. Watery eyes**
 - C. Definitive arteriolar narrowing**
 - D. Blurred vision**

6. What clinical finding is classic for acute appendicitis?

- A. Rebound tenderness**
- B. McBurney's point tenderness**
- C. Murphy's sign**
- D. Positive psoas sign**

7. Which type of joint pain is most indicative of osteoarthritis?

- A. Symmetrical small joint pain**
- B. Unilateral pain in weight-bearing joints**
- C. Intermittent severe small joint pain**
- D. Bilateral joint stiffness upon waking**

8. For a patient with moderate rheumatoid arthritis showing deterioration after 4 months on methotrexate, what is the next best recommendation?

- A. Increase the dose of methotrexate**
- B. Initiate oral corticosteroid therapy**
- C. Switch to a biologic DMARD**
- D. Switch to sulfasalazine**

9. What antihyperglycemic agent is recommended for a patient with type 2 diabetes and chronic kidney disease?

- A. Glyburide**
- B. Pioglitazone**
- C. Colesevelam**
- D. Canagliflozin**

10. Which vaccination is contraindicated in pregnancy?

- A. Live attenuated vaccines, such as the MMR vaccine**
- B. Inactivated vaccines, such as the flu vaccine**
- C. Subunit vaccines, such as the HPV vaccine**
- D. mRNA vaccines, such as the COVID-19 vaccine**

Answers

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

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Explanations

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1. Which medication combination poses the most concern for drug-drug interactions in an elderly patient?

- A. Metformin and doxycycline**
- B. Chlorothiazide and sertraline**
- C. Fosfomycin and simvastatin**
- D. Low-dose aspirin and lubiprostone**

The combination of chlorothiazide and sertraline warrants attention due to the potential for significant drug-drug interactions, particularly in elderly patients who may have altered pharmacokinetics and pharmacodynamics. Chlorothiazide is a thiazide diuretic that can affect electrolyte levels, particularly sodium and potassium. When combined with sertraline, a selective serotonin reuptake inhibitor (SSRI), there is an increased risk of hyponatremia. This condition can lead to serious complications, including confusion, seizures, and exacerbation of falls, which are critical concerns in the elderly population. Moreover, both medications can potentially contribute to orthostatic hypotension, increasing the risk of falls and other adverse effects in older adults. The elderly often have a higher sensitivity to medications and are frequently prescribed multiple drugs, which can compound these concerns. Therefore, careful monitoring and consideration of this combination are essential in clinical practice.

2. What is the primary purpose of the International Classification of Diseases (ICD)?

- A. To classify diseases and health problems**
- B. To develop new healthcare policies**
- C. To set reimbursement rates for providers**
- D. To track patient outcomes**

The primary purpose of the International Classification of Diseases (ICD) is to classify diseases and health problems. This classification system provides a standardized framework for the identification and coding of health conditions, which is essential for various aspects of healthcare, including clinical care, epidemiology, and health management. By using ICD codes, healthcare providers can accurately document diagnoses and treatments, facilitating effective communication among practitioners and across healthcare systems. The ICD also supports the collection and analysis of health data worldwide, helping to identify trends, monitor disease incidence, and allocate healthcare resources. This systematic approach to classifying diseases allows for better understanding of health challenges globally and contributes to improving public health initiatives. While the other options relate to important aspects of healthcare, such as policy development, reimbursement, and patient outcome tracking, they do not capture the fundamental role of the ICD in classifying health conditions. Understanding the primary focus of the ICD is crucial for healthcare professionals, as it ultimately supports a more organized and effective approach to patient care and health system management.

3. What should a woman do if she forgot to take her combined oral contraceptive pill yesterday?

- A. Take today's pill immediately and use back-up contraception for the next 7 days**
- B. Take the missed pill ASAP and today's pill at the usual time and no back-up contraception is needed**
- C. Take today's and yesterday's pills immediately and use back-up contraception until the start of menses**
- D. Take today's and yesterday's pills and encourage emergency contraception**

Taking the missed combined oral contraceptive pill as soon as the woman remembers, followed by taking today's pill at the usual time, is the recommended course of action. This approach allows the woman to maintain her contraceptive regimen without the need for additional back-up contraception, provided that the missed pill was remembered within a 24-hour window. Combined oral contraceptives are designed to offer flexibility in such situations, reinforcing the importance of continuing the current cycle effectively. If a woman misses a pill, she should not take more than one additional pill at a time to avoid exceeding the prescribed dosage. Additionally, if she has missed multiple pills or is unsure about the timing of her last pill, she should consult the instructions provided with her contraceptive or seek professional medical advice for clarity on her specific situation.

4. Which of the following women is most likely to have bacterial vaginosis?

- A. 56-year-old woman with itching and burning**
- B. 34-year-old woman with white, curdy discharge**
- C. 26-year-old woman with "fishy" vaginal odor**
- D. 22-year-old woman with motile organisms**

Bacterial vaginosis (BV) is characterized by an overgrowth of certain types of bacteria in the vagina, leading to a distinct set of symptoms. A key symptom of BV is a "fishy" vaginal odor, which is often more noticeable after sexual intercourse or during menstruation. This odor occurs due to the production of amines from the bacteria associated with BV. The age of the woman in this scenario aligns with the typical demographic at greater risk for BV, particularly among younger, sexually active women. In this context, the 26-year-old woman with the "fishy" vaginal odor is indicative of bacterial vaginosis and represents the classic presentation of the condition. While other symptoms like itching and burning, as seen in the 56-year-old woman, or a white, curdy discharge in the 34-year-old could suggest other conditions such as yeast infections or vulvovaginal candidiasis, they do not align with the primary symptoms of BV. Similarly, the presence of motile organisms in the 22-year-old suggests a different condition, such as trichomoniasis, which is clinically distinct from BV. Thus, the 26-year-old woman's symptoms best reflect the characteristics associated with bacterial vaginosis.

5. What is a key symptom of hypertensive retinopathy?

- A. Visual field loss
- B. Watery eyes
- C. Definitive arteriolar narrowing**
- D. Blurred vision

A key symptom of hypertensive retinopathy is definitive arteriolar narrowing. This occurs due to the effects of prolonged high blood pressure on the blood vessels within the retina. When hypertension is present, the walls of the arterioles can thicken and lead to a narrowing of the lumen, making it difficult for blood to flow through. This narrowing can be observed during a fundoscopic examination and serves as an important indicator of the severity of hypertensive damage to the retinal vasculature. While other symptoms such as visual field loss, watery eyes, and blurred vision can occur due to various ocular conditions, they are not specifically characteristic of hypertensive retinopathy itself. Instead, definitive arteriolar narrowing is a direct manifestation of the changes occurring in the retina as a result of sustained elevated blood pressure, reinforcing why it is identified as a key symptom of this condition.

6. What clinical finding is classic for acute appendicitis?

- A. Rebound tenderness
- B. McBurney's point tenderness**
- C. Murphy's sign
- D. Positive psoas sign

McBurney's point tenderness is a classic clinical finding in acute appendicitis. This point is located in the right lower quadrant of the abdomen, approximately one-third of the distance from the anterior superior iliac spine to the umbilicus. When an examiner applies pressure to this area, a patient with appendicitis typically experiences localized pain. This finding is significant because it indicates irritation of the peritoneum overlying the inflamed appendix, making it a reliable indicator of the condition. Rebound tenderness is a valuable physical exam finding but is not specific to appendicitis; it can occur in various conditions causing peritoneal irritation. Murphy's sign primarily indicates gallbladder inflammation or cholecystitis and does not relate to appendicitis. Similarly, a positive psoas sign suggests retrocecal appendicitis or hip irritation, but it is less specific than McBurney's point tenderness.

7. Which type of joint pain is most indicative of osteoarthritis?

- A. Symmetrical small joint pain**
- B. Unilateral pain in weight-bearing joints**
- C. Intermittent severe small joint pain**
- D. Bilateral joint stiffness upon waking**

The choice indicating unilateral pain in weight-bearing joints is most indicative of osteoarthritis due to the nature of this degenerative joint disease. Osteoarthritis commonly affects weight-bearing joints such as the knees, hips, and spine, and it often presents as localized pain rather than being symmetrical. Unilateral involvement occurs because the wear and tear on the joints can be uneven, leading to a higher likelihood of pain being experienced on one side rather than both. Patients typically report pain that worsens with activity and improves with rest, which aligns with the patterns of osteoarthritis. Unlike conditions that cause symmetrical pain across small joints, which could suggest inflammatory processes like rheumatoid arthritis, osteoarthritis is characterized by its localized nature, especially in joints that bear weight. This clarity in the pattern of symptoms helps healthcare professionals in diagnosing and managing the condition effectively.

8. For a patient with moderate rheumatoid arthritis showing deterioration after 4 months on methotrexate, what is the next best recommendation?

- A. Increase the dose of methotrexate**
- B. Initiate oral corticosteroid therapy**
- C. Switch to a biologic DMARD**
- D. Switch to sulfasalazine**

In the context of a patient with moderate rheumatoid arthritis who is not achieving adequate control of symptoms after 4 months on methotrexate, switching to a biologic disease-modifying antirheumatic drug (DMARD) is a sensible recommendation. Biologic DMARDs are designed to target specific pathways in the immune response, providing not just symptomatic relief, but also aiming to slow disease progression and joint damage more effectively than traditional DMARDs like methotrexate. This approach is particularly valuable because the patient is already experiencing deterioration despite treatment. Transitioning to a biologic can offer a new mechanism of action that may be more effective for the individual patient's condition. Switches to biologics are commonly done when established DMARDs fail to show a satisfactory response within a reasonable timeframe. Other potential recommendations, such as increasing the dose of methotrexate, initiating corticosteroid therapy, or switching to sulfasalazine, could be relevant in different contexts but are less ideal in this scenario. Increasing the methotrexate dose may continue to engage the same mechanisms that have proven ineffective, while corticosteroids are often considered a palliative measure rather than a long-term solution. Switching to sulfasalazine may not provide the same efficacy as biolog

9. What antihyperglycemic agent is recommended for a patient with type 2 diabetes and chronic kidney disease?

- A. Glyburide**
- B. Pioglitazone**
- C. Colesevelam**
- D. Canagliflozin**

Canagliflozin is an appropriate choice for patients with type 2 diabetes who also have chronic kidney disease (CKD). This medication belongs to the class of sodium-glucose cotransporter-2 (SGLT2) inhibitors, which work by promoting the excretion of glucose through the urine and thus helping to lower blood glucose levels. One key factor supporting the use of canagliflozin in CKD patients is its renal protective benefits. Studies have shown that SGLT2 inhibitors can slow the progression of kidney disease and reduce associated cardiovascular risks, making them particularly beneficial for patients with diabetes and CKD. In contrast, other options like Glyburide, a sulfonylurea, can lead to hypoglycemia and may not be the best choice in patients with impaired renal function, as the risk of adverse effects is heightened. Pioglitazone belongs to the thiazolidinedione class and is typically avoided in patients with heart failure or significant renal impairment, due to potential fluid retention and worsening heart function. Colesevelam is primarily a bile acid sequestrant used to lower cholesterol rather than as a primary antihyperglycemic agent and may not provide adequate glucose control. The selection of canaglif

10. Which vaccination is contraindicated in pregnancy?

- A. Live attenuated vaccines, such as the MMR vaccine**
- B. Inactivated vaccines, such as the flu vaccine**
- C. Subunit vaccines, such as the HPV vaccine**
- D. mRNA vaccines, such as the COVID-19 vaccine**

The correct choice pertains to live attenuated vaccines, such as the MMR (measles, mumps, and rubella) vaccine, which are contraindicated in pregnancy. Live attenuated vaccines contain a weakened form of the virus, which can pose risks to the developing fetus. In particular, rubella infection during pregnancy can result in serious congenital malformations known as congenital rubella syndrome. Therefore, it is crucial to avoid administering live attenuated vaccines to pregnant individuals to prevent possible adverse outcomes for the fetus. In contrast, inactivated vaccines, like the flu vaccine, have been shown to be safe during pregnancy because they do not contain live pathogens and therefore cannot cause disease. Subunit vaccines, such as the HPV vaccine, similarly do not contain live components and are considered safe. mRNA vaccines, like those developed for COVID-19, have also been determined to be safe for pregnant individuals after thorough research and data collection on their effects during pregnancy.

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://fitzgeraldnppretest.examzify.com>

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

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