

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

- 1. What recommendation should be made to a patient experiencing sexual adverse effects from an SSRI?**
 - A. Maintain the current regimen as adverse effects may resolve**
 - B. Switching back to the lower dose**
 - C. Switch to another SSRI agent**
 - D. Switch to another class of agents**
- 2. How is moderate severity acne vulgaris best described?**
 - A. Total of 25 lesions with 10 inflammatory lesions located on the face and neck.**
 - B. Total of 10 comedones on the face, neck, and shoulders.**
 - C. Total of 60 lesions with 40 comedones on the face, neck, and shoulders.**
 - D. Total of 10 nodules and 70 inflammatory lesions on the face, neck, shoulders, and chest.**
- 3. What is the recommended treatment for a 9-month-old with bullous impetigo?**
 - A. Topical mupirocin**
 - B. Topical bacitracin/neomycin/polymyxin B**
 - C. Oral cefalexin**
 - D. Oral ciprofloxacin**
- 4. What type of infection is most frequently associated with a patient experiencing gastrointestinal bleeding and gastric ulcer symptoms?**
 - A. Viral infection**
 - B. Bacterial infection**
 - C. Fungal infection**
 - D. Parasitic infection**
- 5. What is considered the leading cause of heart disease in the United States?**
 - A. Hypertension**
 - B. Diabetes**
 - C. Atherosclerosis**
 - D. Obesity**

- 6. What is the best initial diagnostic test for suspected COPD?**
- A. Chest X-ray**
 - B. Spirometry**
 - C. CT scan of the chest**
 - D. Pulmonary function tests**
- 7. In healthcare, what does the acronym NP stand for?**
- A. Nursing Practitioner**
 - B. Nurse Paramedic**
 - C. Nurse Practitioner**
 - D. Nutrition Professional**
- 8. How does the NP assess for heart failure?**
- A. By evaluating symptoms, history, and blood tests only**
 - B. By performing an ECG and cardiac stress test**
 - C. By evaluating symptoms, physical exam findings, and utilizing diagnostic testing**
 - D. By monitoring blood pressure and cholesterol levels**
- 9. For a child presenting with croup symptoms, what is the recommended treatment?**
- A. Oral amoxicillin**
 - B. A long-acting beta2-agonist via inhaler**
 - C. Oral dexamethasone**
 - D. IV methylprednisolone**
- 10. Which treatment option is inappropriate for a patient with carpal tunnel syndrome?**
- A. Wrist splint usage**
 - B. Changing hand use patterns**
 - C. Corticosteroid injection**
 - D. Application of an opioid-containing transdermal patch**

Answers

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

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Explanations

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- 1. What recommendation should be made to a patient experiencing sexual adverse effects from an SSRI?**
- A. Maintain the current regimen as adverse effects may resolve**
 - B. Switching back to the lower dose**
 - C. Switch to another SSRI agent**
 - D. Switch to another class of agents**

When a patient is experiencing sexual adverse effects from a selective serotonin reuptake inhibitor (SSRI), switching to another class of agents is a valuable recommendation. SSRIs can commonly cause sexual dysfunction, including decreased libido, anorgasmia, and erectile dysfunction, due to their impact on serotonin levels, which can inhibit sexual function. By transitioning to a different class of medications—such as a serotonin-norepinephrine reuptake inhibitor (SNRI) or atypical antidepressants like bupropion, which have a lower incidence of these side effects—a healthcare provider may improve the patient's sexual function while still addressing their underlying depression or anxiety symptoms. This approach is often more effective than adjusting within the same class of medications, as the mechanism of action responsible for the side effects may be similar among SSRIs. Maintaining the current regimen or switching back to a lower dose may not adequately address the sexual side effects, and an alternative SSRI may still retain the same problems with sexual function. Therefore, recommending a switch to another class of agents not only targets the issue more effectively but also expands treatment options for managing the patient's mental health condition.

- 2. How is moderate severity acne vulgaris best described?**
- A. Total of 25 lesions with 10 inflammatory lesions located on the face and neck.**
 - B. Total of 10 comedones on the face, neck, and shoulders.**
 - C. Total of 60 lesions with 40 comedones on the face, neck, and shoulders.**
 - D. Total of 10 nodules and 70 inflammatory lesions on the face, neck, shoulders, and chest.**

Moderate severity acne vulgaris is typically characterized by a specific range of lesions, including both comedones (open and closed) and inflammatory lesions (such as papules and pustules). In this context, the correct description reflects a total lesion count that is significant but not excessively high, with a higher proportion of comedonal lesions present. The correct answer indicates a total of 60 lesions, with 40 of those being comedones. This aligns well with the criteria used to classify acne severity, where 20 to 100 total lesions, including a substantive number of comedones, qualify as moderate. This description highlights the mixed nature of moderate acne, which often involves both types of lesions, providing a better understanding of how this level of acne manifests. Other options either under-represent the total lesion count or do not contain enough of a mix of comedonal lesions to fulfill the classification of moderate acne.

3. What is the recommended treatment for a 9-month-old with bullous impetigo?

- A. Topical mupirocin**
- B. Topical bacitracin/neomycin/polymyxin B**
- C. Oral cephalexin**
- D. Oral ciprofloxacin**

For a 9-month-old with bullous impetigo, the recommended treatment would be oral antibiotics, as this condition can present with widespread lesions that may require systemic therapy. Oral cephalexin is effective against the bacteria typically responsible for bullous impetigo, primarily *Staphylococcus aureus*, including methicillin-sensitive strains. Topical treatments may not be sufficient for bullous impetigo, especially in more extensive or bullous forms that can occur in infants. While mupirocin and bacitracin/neomycin/polymyxin B are useful for localized infections or superficial skin conditions, they may not provide adequate coverage or penetration for more serious infections like bullous impetigo. Moreover, oral ciprofloxacin is generally not recommended in pediatric patients for treating this condition, as it may not be the first line of treatment and has safety concerns regarding use in young children. Thus, oral cephalexin is the most appropriate choice for this age group and infection type.

4. What type of infection is most frequently associated with a patient experiencing gastrointestinal bleeding and gastric ulcer symptoms?

- A. Viral infection**
- B. Bacterial infection**
- C. Fungal infection**
- D. Parasitic infection**

Bacterial infections, particularly those caused by *Helicobacter pylori*, are most frequently associated with gastrointestinal bleeding and gastric ulcer symptoms. *H. pylori* is a gram-negative bacterium that colonizes the stomach lining and is well known for its role in the development of peptic ulcers. The presence of this bacterium leads to chronic inflammation of the gastric mucosa, which can cause ulcer formation and, subsequently, gastrointestinal bleeding. While viral, fungal, and parasitic infections can cause gastrointestinal symptoms, they are less commonly linked to the specific symptoms of gastric ulcers and bleeding. Viral infections, such as those caused by norovirus, typically lead to gastroenteritis rather than ulcers. Fungal infections are rare in the gastrointestinal tract and usually occur in immunocompromised patients. Parasitic infections can lead to various gastrointestinal complaints but are not directly linked to the ulceration seen in gastric ulcers. Therefore, bacterial infections, specifically those from *H. pylori*, represent the most significant concern in this context, making the selection of a bacterial infection the most appropriate answer.

5. What is considered the leading cause of heart disease in the United States?

- A. Hypertension**
- B. Diabetes**
- C. Atherosclerosis**
- D. Obesity**

Atherosclerosis is identified as the leading cause of heart disease in the United States because it is the underlying condition that leads to many cardiovascular events. This process involves the buildup of fatty deposits, cholesterol, and other substances in the arterial walls, which narrows blood vessels and reduces blood flow. As a result, atherosclerosis significantly increases the risk of heart attacks, strokes, and other serious cardiovascular problems. While hypertension, diabetes, and obesity are all significant risk factors for heart disease, they often contribute to the development of atherosclerosis. For instance, high blood pressure can damage arteries, making them more susceptible to plaque buildup. Similarly, diabetes can lead to increased levels of glucose in the blood, which can accelerate atherosclerosis. Obesity is associated with various metabolic conditions that further exacerbate the risk of atherosclerosis. However, none of these conditions directly represent the primary pathological process leading to heart disease in the majority of cases, which is why atherosclerosis is recognized as the leading cause.

6. What is the best initial diagnostic test for suspected COPD?

- A. Chest X-ray**
- B. Spirometry**
- C. CT scan of the chest**
- D. Pulmonary function tests**

Spirometry is the best initial diagnostic test for suspected chronic obstructive pulmonary disease (COPD) because it measures the amount and speed of air that can be inhaled and exhaled. This test is essential for assessing airflow obstruction, which is a key feature of COPD. In particular, it evaluates forced expiratory volume in one second (FEV1) and forced vital capacity (FVC), and the ratio of these values can help determine the presence and severity of the disease. While other tests like chest X-ray or CT scans can provide useful information about the lungs and help rule out other conditions, they do not assess airflow rates directly. Similarly, pulmonary function tests encompass a broader array of assessments, but spirometry specifically is the standard and most effective first step in diagnosing COPD due to its direct focus on measuring airway obstruction. Consequently, spirometry is aligned with guidelines for the diagnosis and management of COPD.

7. In healthcare, what does the acronym NP stand for?

- A. Nursing Practitioner
- B. Nurse Paramedic
- C. Nurse Practitioner**
- D. Nutrition Professional

The acronym NP stands for Nurse Practitioner, which accurately reflects the role and responsibilities of these healthcare professionals. Nurse Practitioners are advanced practice registered nurses (APRNs) who have completed additional education and training that allows them to provide a high level of care. This includes diagnosing and treating medical conditions, prescribing medications, and managing patient care independently or in collaboration with other healthcare providers. The designation emphasizes their nursing background and advanced skills, setting them apart as vital contributors to the healthcare team, particularly in primary care settings.

8. How does the NP assess for heart failure?

- A. By evaluating symptoms, history, and blood tests only
- B. By performing an ECG and cardiac stress test
- C. By evaluating symptoms, physical exam findings, and utilizing diagnostic testing**
- D. By monitoring blood pressure and cholesterol levels

Assessing for heart failure involves a comprehensive approach that includes evaluating symptoms, conducting a thorough physical examination, and utilizing various diagnostic tests. Symptoms often noted in heart failure include shortness of breath, fatigue, fluid retention, and reduced exercise tolerance. The physical exam may reveal signs such as jugular vein distention, crackles in the lungs, and peripheral edema. In addition to symptoms and physical examination findings, diagnostic testing plays a crucial role in confirming heart failure. Tests such as echocardiography (to assess heart structure and function), BNP (B-type natriuretic peptide) levels (which can indicate heart failure), and chest X-rays can provide essential information regarding the presence of heart failure and its severity. Other options provided either lack the comprehensive nature or focus solely on specific components of the assessment process. For instance, evaluating symptoms, history, and blood tests only might miss critical physical examination findings that can provide insights into the patient's heart function. Similarly, relying solely on an ECG and cardiac stress test does not encompass the necessary evaluation of symptoms and physical exam findings, which are vital for a complete assessment. Monitoring blood pressure and cholesterol levels, while important for overall cardiovascular health, does not directly evaluate the presence of heart failure. Therefore, the multif

9. For a child presenting with croup symptoms, what is the recommended treatment?

- A. Oral amoxicillin**
- B. A long-acting beta2-agonist via inhaler**
- C. Oral dexamethasone**
- D. IV methylprednisolone**

In the case of a child presenting with croup symptoms, the recommended treatment involves administering oral dexamethasone. Croup, often resulting from viral infections, is characterized by a barking cough, stridor, and respiratory distress. Oral dexamethasone is a corticosteroid that has been shown to effectively reduce inflammation in the airways, improving breathing and reducing hospitalizations related to croup. The rationale behind choosing dexamethasone lies in its anti-inflammatory properties. It helps to decrease airway swelling, which is a significant factor in croup's clinical presentation. The medication is usually given in a single dose, making it convenient for outpatient management. While options like oral amoxicillin may be appropriate for bacterial infections, they are not effective for viral croup. A long-acting beta-agonist via inhaler might be considered for conditions like asthma but does not address the underlying inflammation specific to croup. Intravenous methylprednisolone could be used in cases of severe croup requiring hospitalization, but it is not the first-line treatment for outpatient cases, where oral dexamethasone is sufficient. Thus, oral dexamethasone stands out as the most appropriate and evidence-based choice for managing croup.

10. Which treatment option is inappropriate for a patient with carpal tunnel syndrome?

- A. Wrist splint usage**
- B. Changing hand use patterns**
- C. Corticosteroid injection**
- D. Application of an opioid-containing transdermal patch**

In the case of carpal tunnel syndrome, treatment typically focuses on alleviating pressure on the median nerve, addressing inflammation, and modifying activities to reduce symptoms. The use of wrist splints and changing hand use patterns are effective conservative management strategies, as they help to stabilize the wrist and prevent movements that exacerbate symptoms. Corticosteroid injections may also be indicated for reducing inflammation and providing temporary relief from symptoms. On the other hand, the application of an opioid-containing transdermal patch is not appropriate for carpal tunnel syndrome. Opioids are primarily used for managing pain conditions where pain relief is the primary concern and are not designed to address the underlying issue of median nerve compression or inflammation typically present in carpal tunnel syndrome. While they can provide analgesia, they do not treat the cause of the pain and could lead to unnecessary side effects and potential dependence. Thus, using opioids as a treatment option does not align with the best practices for managing carpal tunnel syndrome, making it the inappropriate choice.

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!