LEIK Family Nurse Practitioner (FNP) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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 does a few beats of horizontal nystagmus on extreme lateral gaze indicate in a 6-year-old?

A. It is caused by occult bleeding of the retinal artery

B. This is a normal finding

C. It is a sign of a possible brain mass

D. This is a borderline result and requires further evaluation

2. A 16-year-old with a sore throat, rash, and fever is likely experiencing which condition?

A. Kawasaki's disease

B. Scarlet fever

C. German measles

D. Rubeola

3. In patients with COPD, which pulmonary function test results are expected?

A. Reduction of TLC and RV

B. Mild to severe dyspnea with hypoxemia

C. Normal FVC with no changes in FEV1

D. Reduction of FEV1 with increase in TLC and RV

4. What is a common clinical presentation of diabetes mellitus?

A. Increased blood pressure

B. Excessive sweating

C. Frequent urination

D. Visual disturbances

5. Which cranial nerve is being evaluated when Rinne testing is done?

A. CN VII

B. CN VIII

C. CN IX and X

D. CN XI

6. At 34 weeks gestation, where should a multigravida's uterine fundus be?

A. Midway between the umbilicus and the lower ribs

B. At the level of the umbilicus

C. From 33 to 35 cm

D. From 32 to 34 cm

7. Which of the following side effects is most commonly associated with atypical antipsychotic drugs?

A. Orthostatic hypotension and sedation

B. Malignant hypertension and headache

C. Skin hyperpigmentation and alopecia

D. Severe anxiety and increased appetite

8. Which factor is not considered when determining peak expiratory flow (PEF)?

A. Age

B. Gender

C. Height

D. Weight

9. In a patient with a long smoking history presenting with certain respiratory symptoms, which diagnosis is most likely?

A. Asthma

B. Pneumonia

C. COPD (chronic obstructive pulmonary disease)

D. Pulmonary embolism

10. What is a common treatment for Mycoplasma pneumonia in younger patients?

A. Antibiotics like azithromycin

B. Corticosteroids

C. Bed rest

D. Vaccination

Answers

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

Explanations

1. What does a few beats of horizontal nystagmus on extreme lateral gaze indicate in a 6-year-old?

A. It is caused by occult bleeding of the retinal artery

B. This is a normal finding

C. It is a sign of a possible brain mass

D. This is a borderline result and requires further evaluation

In a 6-year-old, observing a few beats of horizontal nystagmus upon extreme lateral gaze is considered a normal finding. Nystagmus is the involuntary movement of the eyes, and it can occur during specific eye positions, particularly in extreme lateral gaze where the muscles responsible for the eye's positioning may not hold the position perfectly, leading to slight oscillations. This phenomenon is not uncommon and is often seen in children. While consistent or persistent nystagmus can be indicative of underlying neurological issues or other pathologies, isolated episodes or transient nystagmus in situations like extreme gaze are generally considered benign, especially if there are no accompanying symptoms such as visual disturbances or changes in coordination. Therefore, the presence of a few beats of nystagmus in this context typically does not warrant immediate concern or further evaluation, emphasizing that this is a normal physiological response.

2. A 16-year-old with a sore throat, rash, and fever is likely experiencing which condition?

A. Kawasaki's disease

B. Scarlet fever

C. German measles

D. Rubeola

The presentation of a sore throat, rash, and fever in a 16-year-old points strongly towards Scarlet fever. This condition is typically caused by an infection with group A Streptococcus, often presenting with a combination of a sore throat (pharyngitis), fever, and a distinctive rash that feels like sandpaper. The rash usually starts on the neck and face and can spread to the rest of the body. Kawasaki's disease is primarily seen in younger children and is characterized by prolonged fever, rash, and mucosal changes, but it usually does not include a significant sore throat as a primary symptom. German measles (rubella) can present with rash and fever, but it generally does not cause a sore throat as a prominent symptom. Rubeola (measles) does present with fever and a rash, but the presence of Koplik spots and a more distinct conjunctivitis are typical, differing from the symptoms seen in Scarlet fever. Thus, the combination of the sore throat, rash, and fever aligns perfectly with Scarlet fever, making it the most accurate diagnosis in this clinical situation.

3. In patients with COPD, which pulmonary function test results are expected?

A. Reduction of TLC and RV

B. Mild to severe dyspnea with hypoxemia

C. Normal FVC with no changes in FEV1

D. Reduction of FEV1 with increase in TLC and RV

In patients with Chronic Obstructive Pulmonary Disease (COPD), a hallmark of the condition is the obstruction of airflow due to inflammation and structural changes in the lungs. This obstruction primarily affects the expiratory phase of breathing, which is reflected in the results of pulmonary function tests. A reduction in Forced Expiratory Volume in one second (FEV1) is typically observed in COPD patients, signifying the degree of airflow limitation. Alongside this reduction, Total Lung Capacity (TLC) and Residual Volume (RV) are often increased due to air trapping caused by the disease. The inability to fully exhale leads to retained air in the lungs, which explains why TLC and RV would be elevated. This pattern of reduced FEV1 with increased TLC and RV is characteristic of obstructive airway diseases like COPD, distinguishing it from restrictive lung diseases where both FEV1 and TLC would be reduced and the FEV1/FVC ratio would change differently. Thus, the correct interpretation of typical pulmonary function test results in COPD involves recognizing the associated increase in TLC and RV alongside the reduction in FEV1, as seen in the correct answer. This understanding is essential for accurate diagnosis, management, and treatment of COPD in clinical practice.

4. What is a common clinical presentation of diabetes mellitus?

A. Increased blood pressure

B. Excessive sweating

C. Frequent urination

D. Visual disturbances

Frequent urination, also known as polyuria, is a hallmark symptom of diabetes mellitus. This occurs as a result of elevated blood glucose levels. When blood sugar is high, the kidneys work to filter out the excess glucose. As glucose is excreted in urine, it pulls water along with it, leading to increased urine production and frequency of urination. This can be particularly noticeable in instances where blood sugar levels remain uncontrolled. The osmotic diuresis caused by high glucose levels is a crucial aspect of the pathophysiology of diabetes. In contrast, while increased blood pressure, excessive sweating, and visual disturbances can be associated with diabetes, they are not as direct or common a presenting symptom as polyuria. Increased blood pressure can be a complication of long-standing diabetes but is not primarily a presenting symptom. Excessive sweating may occur in some individuals, particularly if affected by autonomic neuropathy, but it's not a classic symptom of diabetes. Visual disturbances can arise from diabetes-related complications, such as diabetic retinopathy or cataracts, but they typically develop over time, rather than serving as an early warning sign of the disease and are not often seen in initial presentations.

5. Which cranial nerve is being evaluated when Rinne testing is done?

A. CN VII

B. CN VIII

C. CN IX and X

D. CN XI

Rinne testing is a clinical procedure used to evaluate hearing, particularly to differentiate between conductive and sensorineural hearing loss. This test specifically examines the function of the vestibulocochlear nerve, also known as cranial nerve VIII (CN VIII). This nerve is primarily responsible for transmitting sound and balance information from the inner ear to the brain. During Rinne's test, a tuning fork is struck and placed alternately on the mastoid process (bone conduction) and in front of the ear (air conduction). The results of this test help determine whether the patient has normal auditory function or if there is some impairment in one of the pathways involved in hearing. Cranial nerves not involved in this specific auditory evaluation, such as CN VII (facial nerve), CN IX (glossopharyngeal nerve), CN X (vagus nerve), and CN XI (accessory nerve), are not directly related to the function being assessed in Rinne testing. Therefore, the relevance of cranial nerve VIII in this context is critical to understanding the mechanism of the test and its purpose in audiological assessments.

6. At 34 weeks gestation, where should a multigravida's uterine fundus be?

A. Midway between the umbilicus and the lower ribs

B. At the level of the umbilicus

C. From 33 to 35 cm

D. From 32 to 34 cm

At 34 weeks gestation, it is expected that a multiparous woman's uterine fundus would be at the level measured in centimeters, correlating roughly with the gestational age in weeks. In this case, the fundal height would typically range from approximately 32 to 34 centimeters at this stage of pregnancy. This measurement signifies proper growth and development of the fetus, as the fundal height generally corresponds with gestational weeks. While other measurements listed might describe fundal heights at different gestational ages or for different contexts, the accurate range for the fundal height at 34 weeks aligns with the 32 to 34 centimeters outlined, ensuring optimal monitoring of both maternal and fetal well-being. Understanding this can aid in assessments during prenatal visits, ensuring healthcare providers can properly gauge growth and detect any potential abnormalities.

7. Which of the following side effects is most commonly associated with atypical antipsychotic drugs?

A. Orthostatic hypotension and sedation

B. Malignant hypertension and headache

C. Skin hyperpigmentation and alopecia

D. Severe anxiety and increased appetite

Atypical antipsychotic drugs are known for their efficacy in treating psychiatric disorders such as schizophrenia and bipolar disorder. One of the hallmark characteristics of these medications is their diverse side effect profiles, which can vary among different agents within the class. The most commonly associated side effects with atypical antipsychotic medications include orthostatic hypotension and sedation. Orthostatic hypotension occurs due to the adrenergic blocking properties of many atypical antipsychotics, where the medications can interfere with the body's ability to adjust blood pressure during changes in position, leading to dizziness or fainting upon standing. Sedation, another frequent side effect, can result from the antihistaminic effects of these medications, causing drowsiness and impacting overall alertness. In contrast, other symptoms listed in the question do not reflect the most typical side effects seen with atypical antipsychotics. For instance, malignant hypertension and headache are not characteristic of this class and suggest a different physiological issue; skin hyperpigmentation and alopecia are not commonly documented side effects related to these medications; and while increased appetite can be seen with some atypical antipsychotics, severe anxiety is not a commonly linked side effect. Therefore, recognizing orthostatic hypot

8. Which factor is not considered when determining peak expiratory flow (PEF)?

A. Age

B. Gender

C. Height

D. Weight

When determining peak expiratory flow (PEF), the primary factors that are considered include age, gender, and height. These parameters are essential because they help establish normal reference values for an individual based on their demographics. Age is important as lung function naturally varies with age; children's PEF values are different from those of adults. Gender also plays a role since men typically have larger lung capacities compared to women, which can influence PEF readings. Additionally, height is significant because it correlates with lung size; taller individuals generally have a higher PEF due to greater lung volume. Weight, on the other hand, is not a direct factor in determining PEF. While it can have an indirect influence on overall health and respiratory function in certain conditions, it is not typically accounted for in standard PEF assessments. Thus, the other three factors—age, gender, and height—are all essential to accurately interpret PEF values, while weight does not fit into the standard criteria used for this measurement.

9. In a patient with a long smoking history presenting with certain respiratory symptoms, which diagnosis is most likely?

A. Asthma

B. Pneumonia

C. COPD (chronic obstructive pulmonary disease)

D. Pulmonary embolism

The diagnosis of chronic obstructive pulmonary disease (COPD) is highly applicable in a patient with a long smoking history who presents with respiratory symptoms. COPD is a progressive lung disease primarily caused by long-term exposure to irritants, with tobacco smoke being the most significant risk factor. The symptoms often include chronic cough, sputum production, and dyspnea, which develop gradually over time. In this scenario, the long smoking history is crucial because it directly correlates with the likelihood of COPD. The condition is characterized by airflow limitation due to a combination of emphysema and chronic bronchitis, both of which can stem from excessive smoking. Other diagnoses, while possible, are less probable in the context of a significant smoking history. Asthma tends to present earlier in life and is associated with different patterns of respiratory symptoms, often including an element of reversibility with bronchodilators. Pneumonia is typically an acute condition associated with fever and recent onset of symptoms, contrasting with the chronicity expected in a COPD patient. Lastly, pulmonary embolism presents acutely and is often associated with sudden onset dyspnea and chest pain, differentiating it from the chronic symptoms seen in COPD. Overall, the patient's long history of smoking aligns perfectly with the

10. What is a common treatment for Mycoplasma pneumonia in younger patients?

A. Antibiotics like azithromycin

B. Corticosteroids

C. Bed rest

D. Vaccination

Mycoplasma pneumonia, often referred to as "walking pneumonia," is a type of pneumonia caused by the bacterium Mycoplasma pneumoniae. This organism is notable for lacking a cell wall, which impacts the effectiveness of many standard antibiotics that target cell wall synthesis. In younger patients, treating Mycoplasma pneumonia typically involves the use of antibiotics that are effective against atypical bacteria. Azithromycin is a macrolide antibiotic that is commonly employed in the treatment of Mycoplasma pneumonia. It is effective because it disrupts protein synthesis in bacterial cells, making it suitable for treating infections caused by Mycoplasma pneumoniae. When treating younger patients, this option is important as it can be easily administered and generally has a favorable safety profile. In this particular case, other options such as corticosteroids, bed rest, and vaccination do not directly address the underlying infection caused by Mycoplasma pneumonia. Corticosteroids are not routinely used for treating this type of pneumonia and may not provide sufficient benefits for infection management. Bed rest may provide symptomatic relief, but it does not treat the infection itself. Vaccination can prevent other types of pneumonia but is not indicated for Mycoplasma pneumonia given the lack of a specific vaccine

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://leikfamilynursepracticioner.examzify.com

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