

LEIK FAMILY NURSE PRACTITIONER (FNP) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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. Which of the following is not an ideal nursing action for a patient with a suspected myocardial infarction?**
 - A. Call emergency services immediately
 - B. Monitor vital signs closely
 - C. Provide the patient with a large meal
 - D. Prepare for possible advanced cardiac life support

- 2. What is a common factor associated with the onset of elevated alpha-fetoprotein levels in a pregnant patient?**
 - A. Singleton pregnancy
 - B. Multiple gestations
 - C. Maternal obesity
 - D. Age over 35

- 3. Which symptom is associated with acute flare-ups of gout?**
 - A. Fatigue and malaise
 - B. Localized swelling and pain in joints
 - C. Unusual bleeding tendencies
 - D. Persistent fever and chills

- 4. What is the primary goal of patient education regarding medication management?**
 - A. To ensure adherence to the prescribed treatment
 - B. To reduce healthcare costs
 - C. To avoid side effects of medications
 - D. To increase the provider's workload

- 5. A doctor suspects a patient has complications from a urinary tract infection. What is the most urgent action?**
 - A. Prescribe broad-spectrum antibiotics
 - B. Order a urinalysis
 - C. Refer to a urologist
 - D. Conduct imaging studies

- 6. Which condition is koilonychia most commonly associated with?**
- A. Lead poisoning
 - B. Beta thalassemia trait
 - C. B12 deficiency anemia
 - D. Iron-deficiency anemia
- 7. What should a nurse practitioner do if a 14-year-old girl with a positive pregnancy test requests an abortion?**
- A. Discuss her personal views on the subject
 - B. Refer her to a peer for further questions
 - C. Excuse herself from the case completely
 - D. Refer her to an obstetrician
- 8. Which of the following patients is least likely to become an alcoholic?**
- A. A patient whose father has a history of alcoholism
 - B. A patient whose wife complains that he drinks too much
 - C. A patient who drinks one cup of wine nightly with dinner
 - D. A patient who feels he drinks all the time
- 9. Which of the following is most likely to cause delirium?**
- A. Dehydration
 - B. Multiple brain infarcts
 - C. Malnutrition
 - D. Acute infection
- 10. What is the first-line treatment for managing acute alcohol withdrawal delirium?**
- A. Intubation
 - B. Benzodiazepines
 - C. Avoidance of physical restraints
 - D. Antipsychotics

Answers

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

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Explanations

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1. Which of the following is not an ideal nursing action for a patient with a suspected myocardial infarction?

- A. Call emergency services immediately
- B. Monitor vital signs closely
- C. Provide the patient with a large meal**
- D. Prepare for possible advanced cardiac life support

The choice to provide the patient with a large meal is not an ideal nursing action for a patient with a suspected myocardial infarction. During a myocardial infarction, the heart is under significant stress and may not be able to handle the physiological demands that come with digestion. Offering a large meal could exacerbate the patient's condition by increasing the workload on the heart and potentially leading to further complications. In contrast, calling emergency services immediately is critical for timely intervention; monitoring vital signs closely allows for the detection of any changes in the patient's status that may require immediate attention; and preparing for possible advanced cardiac life support is essential to ensure that the healthcare team is ready to respond to any deterioration effectively. Each of these actions supports the stability and safety of the patient in a life-threatening situation, while providing a large meal does not serve the patient's immediate medical needs and could endanger their wellbeing.

2. What is a common factor associated with the onset of elevated alpha-fetoprotein levels in a pregnant patient?

- A. Singleton pregnancy
- B. Multiple gestations**
- C. Maternal obesity
- D. Age over 35

Elevated alpha-fetoprotein (AFP) levels during pregnancy are often linked to various factors that can suggest certain conditions or complications. Multiple gestations, such as twins or higher-order multiples, frequently lead to increased levels of AFP. This increase is attributed to the greater total production of the protein as a result of multiple fetal placentas contributing to higher concentrations in the maternal serum. In singleton pregnancies, AFP levels are typically lower than in multiple gestations, and while other factors like maternal obesity and advanced maternal age can be associated with various risks during pregnancy, they don't typically cause significant elevations in AFP. Instead, elevations primarily indicate the presence of multiple fetuses or other specific pathological conditions, making it a critical aspect of prenatal monitoring.

3. Which symptom is associated with acute flare-ups of gout?

- A. Fatigue and malaise
- B. Localized swelling and pain in joints**
- C. Unusual bleeding tendencies
- D. Persistent fever and chills

The symptom most associated with acute flare-ups of gout is localized swelling and pain in joints. Gout is a type of inflammatory arthritis characterized by sudden and severe episodes of pain, redness, and swelling, typically occurring in the big toe or other joints. This acute pain is due to the deposition of uric acid crystals in the joint spaces, triggering inflammation. The swelling is a direct response from the body as it attempts to fight off the perceived threat from these crystals, leading to tenderness and discomfort in the affected area. The other options listed are not specific to gout. Fatigue and malaise can occur with various conditions and are too general to be indicative of a gout flare-up. Unusual bleeding tendencies are not typically associated with gout, as the condition does not affect the blood's clotting factors. Persistent fever and chills may suggest an infectious process or systemic illness, rather than being a direct consequence of a gout attack. Hence, localized swelling and pain in joints is the hallmark symptom of a gout flare-up.

4. What is the primary goal of patient education regarding medication management?

- A. To ensure adherence to the prescribed treatment**
- B. To reduce healthcare costs
- C. To avoid side effects of medications
- D. To increase the provider's workload

The primary goal of patient education regarding medication management is to ensure adherence to the prescribed treatment. This is crucial because when patients understand their medications—their purpose, the correct dosages, the schedule for taking them, and how they may interact with other medications—the likelihood of adherence increases significantly. Adherence is key to achieving desired health outcomes, managing chronic conditions effectively, and preventing disease progression. Educating patients empowers them with knowledge about their treatment plan, often leading to better decision-making and proactive management of their health. When patients are informed about the benefits and potential side effects of medications, they are more likely to take their medications as directed, which minimizes the risk of complications and enhances the overall effectiveness of the therapy. In contrast, while reducing healthcare costs can be a beneficial outcome of effective medication management and adherence, it is not the primary goal of patient education. Avoiding side effects is also an important consideration, but it stems from adherence to the treatment plan rather than being a standalone goal. Increasing the provider's workload is not a goal of patient education; in fact, effective education often aims to reduce the need for additional healthcare interventions by promoting self-management among patients.

5. A doctor suspects a patient has complications from a urinary tract infection. What is the most urgent action?

- A. Prescribe broad-spectrum antibiotics
- B. Order a urinalysis
- C. Refer to a urologist**
- D. Conduct imaging studies

In cases where a urinary tract infection (UTI) raises concern for complications, such as pyelonephritis or other significant kidney issues, the most urgent action is to ensure that the patient receives appropriate care. Referring the patient to a urologist is essential because urologists specialize in the urinary system and can assess and manage complications effectively. While broad-spectrum antibiotics may seem like a necessary step to treat the infection, initiating treatment without a specialist's evaluation may delay the necessary assessment required for complications. Ordering a urinalysis and conducting imaging studies are important for diagnosis and determining the extent of the infection; however, these actions alone may not be as urgent as ensuring that the patient receives specialized care from a urologist. The complexity of urinary tract conditions necessitates that a specialist evaluates the patient's situation promptly to address any severe implications of the infection.

6. Which condition is koilonychia most commonly associated with?

- A. Lead poisoning
- B. Beta thalassemia trait
- C. B12 deficiency anemia
- D. Iron-deficiency anemia**

Koilonychia, characterized by spoon-shaped nails, is most commonly associated with iron-deficiency anemia. This condition is particularly significant because iron is essential for hemoglobin production and overall oxygen transport in the body. When iron levels are insufficient, various changes occur, including alterations in the structure of the nails. In iron-deficiency anemia, the deficiency can lead to reduced oxygen delivery to tissues, affecting nail growth and morphology. The changes in the nails, including koilonychia, are one of the clinical manifestations reflecting systemic iron shortage. While other conditions such as lead poisoning, beta thalassemia trait, and B12 deficiency anemia can produce various changes in nails or other physiological signs, koilonychia remains most closely linked with iron-deficiency anemia due to the direct impact of iron levels on nail health. Recognizing this association helps in prompt diagnosis and management of iron deficiency, emphasizing the importance of maintaining adequate iron levels for overall health.

7. What should a nurse practitioner do if a 14-year-old girl with a positive pregnancy test requests an abortion?

- A. Discuss her personal views on the subject
- B. Refer her to a peer for further questions**
- C. Excuse herself from the case completely
- D. Refer her to an obstetrician

The appropriate response in this situation involves considering the patient's needs while maintaining professionalism and providing support. When a 14-year-old girl presents with a positive pregnancy test and requests an abortion, the nurse practitioner should engage in a sensitive and informative discussion. Referring her to a peer for further questions might initially seem counterintuitive since it doesn't provide direct care; however, this peer support could create a safe space for the patient to explore her feelings and make informed decisions, especially if the peer is knowledgeable or experienced in discussing reproductive health. Engaging with peers can help the patient understand that she is not alone in facing this situation. Such referrals should be handled with care, as ensuring confidentiality and the emotional well-being of the patient is paramount. It also helps to facilitate a more comprehensive support system alongside medical advice. Discussing personal views can lead to bias in the care provided and does not prioritize the patient's autonomy or emotional health. Excusing oneself from the case entirely would ignore the practitioner's responsibility to provide care and guidance. Referring the patient to an obstetrician is more of a passive approach, and while it is appropriate to involve specialists in care plans, the engagement and support at the initial visit are critical to empower the patient. Thus, the response

8. Which of the following patients is least likely to become an alcoholic?

- A. A patient whose father has a history of alcoholism
- B. A patient whose wife complains that he drinks too much
- C. A patient who drinks one cup of wine nightly with dinner**
- D. A patient who feels he drinks all the time

The patient who drinks one cup of wine nightly with dinner is least likely to become an alcoholic because their drinking pattern suggests moderate alcohol consumption rather than excessive use. The context provided indicates a controlled and potentially socially acceptable behavior. Moderate drinking, especially if it's a ritual that involves one drink with a meal, is generally not associated with developing alcohol dependence. In contrast, a patient with a family history of alcoholism has a higher risk due to genetic and environmental factors that can influence alcohol use behaviors. The patient whose wife complains about his drinking may present signs of problematic alcohol consumption, as the concern from a spouse often indicates potential issues. Finally, a patient who feels they drink all the time may be experiencing signs of dependency or problematic usage, which further increases their risk of becoming an alcoholic. Thus, moderation in drinking, as shown by the patient who consumes one cup of wine nightly with dinner, is a protective factor against the development of alcohol-related issues.

9. Which of the following is most likely to cause delirium?

- A. Dehydration
- B. Multiple brain infarcts
- C. Malnutrition
- D. Acute infection**

Acute infection is often the most immediate and reversible cause of delirium, particularly in older adults. Delirium is characterized by a sudden change in attention and cognition, and it is frequently caused by underlying medical conditions. Acute infections, such as pneumonia or urinary tract infections, can lead to systemic inflammation, changes in the body's metabolic state, and fluctuations in vital signs, all of which can disrupt normal brain function and lead to delirium. In contrast, while dehydration, multiple brain infarcts, and malnutrition can contribute to cognitive impairment, they usually do so in a more chronic or insidious manner. Dehydration can lead to confusion and altered mental status, especially if severe, but it tends to develop over time. Multiple brain infarcts may result in vascular dementia and can lead to a gradual cognitive decline rather than an acute change. Malnutrition can also impair cognitive function over time but is less likely to present as acute delirium compared to an acute infection, which can result in rapid and significant cognitive fluctuations.

10. What is the first-line treatment for managing acute alcohol withdrawal delirium?

- A. Intubation
- B. Benzodiazepines**
- C. Avoidance of physical restraints
- D. Antipsychotics

Benzodiazepines are recognized as the first-line treatment for managing acute alcohol withdrawal delirium, often referred to as delirium tremens. The primary reason for this choice is that benzodiazepines help to stabilize the central nervous system, which is experiencing hyperactivity due to the absence of alcohol, a central nervous system depressant. These medications help to alleviate symptoms of anxiety, agitation, and seizures which are common in alcohol withdrawal. They are effective at reducing the risk of progression to more severe symptoms, including delirium tremens, and can be titrated based on the severity of withdrawal symptoms. In the context of acute alcohol withdrawal, other options would not provide the same level of efficacy as benzodiazepines. Intubation is not a treatment for withdrawal itself but rather a supportive measure reserved for patients who are unable to maintain their airway due to severe agitation or altered mental status. Avoidance of physical restraints is a principle of care aimed at maintaining patient dignity and safety, especially since physical restraints can potentially escalate agitation. While antipsychotics may have a role in managing persisting agitation or hallucinations, they are not first-line treatments for the withdrawal process itself and do not address the underlying CNS hyperactivity effectively. Thus, benzodia

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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