

PANCE Board Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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. Which test is most important to order before initiating methotrexate therapy?**
 - A. CBC**
 - B. LFTs**
 - C. PPD**
 - D. HIV**
- 2. Which antibiotic is the drug of choice for classic pneumococcal pneumonia presenting with lobar consolidation?**
 - A. Ceftriaxone**
 - B. Azithromycin**
 - C. Erythromycin**
 - D. Penicillin G**
- 3. This organism is commonly seen in smokers who get pneumonia.**
 - A. Moraxella catarrhalis**
 - B. Mycoplasma pneumoniae**
 - C. Haemophilus influenzae**
 - D. Streptococcus pneumoniae**
- 4. Which test is most reliable for confirming eradication of H. pylori after therapy?**
 - A. EGD**
 - B. Serologic testing**
 - C. Stool antigen test**
 - D. Urea breath test**
- 5. In atrial fibrillation, dabigatran is primarily indicated for which type?**
 - A. Valvular AF**
 - B. Non-valvular AF**
 - C. Atrial flutter**
 - D. Ventricular fibrillation**

- 6. Which of the following is a common cause of bowel obstruction in children?**
- A. Volvulus**
 - B. Intussusception**
 - C. Constipation (fecal impaction)**
 - D. Gastroesophageal reflux disease**
- 7. Which is a known risk factor for premature menopause?**
- A. Obesity**
 - B. Diabetes Mellitus**
 - C. Tobacco use**
 - D. Both Diabetes Mellitus and tobacco use**
- 8. What is the gold standard diagnostic test for Sjogren's syndrome?**
- A. ANA**
 - B. Anti-Rho/Anti-La**
 - C. Biopsy**
 - D. Schirmer test**
- 9. In a woman s/p cesarean with a history of gestational diabetes, what is the recommended DM screening postpartum?**
- A. No change from regular recommendations**
 - B. A1c at 6 weeks postpartum and then annually**
 - C. A1c every 6 months for first 2 years after delivery, then return to normal screening guidelines**
 - D. A1c annually**
- 10. In sinusitis, what is the most common history finding?**
- A. craniofacial abnormalities**
 - B. allergic rhinitis**
 - C. recent URI**
 - D. immunocompromised**

Answers

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

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Explanations

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1. Which test is most important to order before initiating methotrexate therapy?

- A. CBC
- B. LFTs
- C. PPD**
- D. HIV

Screening for latent infection is a priority before starting immunosuppressive therapy like methotrexate because this medication can unmask or worsen infections. The most important test to order is a tuberculin skin test (PPD) to detect latent tuberculosis. If the test is positive, latent TB should be treated before initiating methotrexate to prevent reactivation, which can be severe when immune suppression is started. If the test is negative, you can proceed with methotrexate, but you'll still monitor regularly for toxicity. Baseline labs such as CBC and liver function tests are important to monitor potential cytopenias and hepatotoxicity from methotrexate, but they don't address the infection risk that could be unmasked by immunosuppression. HIV testing is prudent in patients with risk factors, but it is not the primary pre-treatment test used to mitigate methotrexate-related complications.

2. Which antibiotic is the drug of choice for classic pneumococcal pneumonia presenting with lobar consolidation?

- A. Ceftriaxone
- B. Azithromycin
- C. Erythromycin
- D. Penicillin G**

Penicillin G is the drug of choice for classic pneumococcal pneumonia presenting with lobar consolidation because *Streptococcus pneumoniae* is usually highly susceptible to penicillin. Penicillin G delivers rapid, bactericidal activity in the lungs, leading to effective clearance of the infection when the organism is susceptible. This makes it the most reliable, targeted option for this classic presentation and limits unnecessary broad-spectrum use. Alternatives like ceftriaxone or macrolides are important in other contexts—such as penicillin allergy, suspected resistance, or infections caused by atypical organisms—but they aren't the preferred first-line choice when the pneumococcus is susceptible.

3. This organism is commonly seen in smokers who get pneumonia.

A. *Moraxella catarrhalis*

B. *Mycoplasma pneumoniae*

C. *Haemophilus influenzae*

D. *Streptococcus pneumoniae*

Smoking impairs mucociliary clearance and local airway defenses, making the lungs more susceptible to infection by *Haemophilus influenzae*. In adults with COPD or a history of smoking, non-typeable *Haemophilus influenzae* is a common cause of pneumonia because these strains lack a capsule and readily colonize inflamed airways. They prefer the respiratory tract environment created by smoking and COPD, leading to lower respiratory infections. This contrasts with *Mycoplasma pneumoniae*, which more often causes atypical pneumonia in younger adults, and with encapsulated strains of *H. influenzae* (type b), which are more associated with invasive disease in children. Thus, the association between smoking and *H. influenzae* as a cause of pneumonia makes it the most fitting answer.

4. Which test is most reliable for confirming eradication of *H. pylori* after therapy?

A. EGD

B. Serologic testing

C. Stool antigen test

D. Urea breath test

The key idea is to use a test that shows active infection rather than past exposure. After *H. pylori* therapy, you want to know if the bacteria are still present, not just whether antibodies exist. The urea breath test does exactly that: it detects active urease activity in the stomach. Ingested labeled urea is split by any live *H. pylori* urease, and the labeled CO₂ exhaled in the breath reveals ongoing infection. Because it directly reflects current bacterial activity, it has high sensitivity and specificity and is noninvasive, making it the preferred confirmatory test after treatment. Serologic testing looks for antibodies, which can persist long after eradication, so a positive serology doesn't reliably distinguish current infection from a past one. Endoscopy with biopsy and rapid urease testing is invasive and generally reserved for persistent symptoms or complications rather than routine check after therapy. The stool antigen test is reliable and noninvasive as well, but the urea breath test tends to have the best combination of accuracy and practicality in many settings, especially when obtained after an appropriate washout period. To minimize false results, wait until about 4 weeks after completing therapy and keep PPIs stopped for about 2 weeks (and antibiotics for longer per guidelines) before testing. If negative, eradication is likely; if positive, further evaluation and retreatment may be needed.

5. In atrial fibrillation, dabigatran is primarily indicated for which type?

A. Valvular AF

B. Non-valvular AF

C. Atrial flutter

D. Ventricular fibrillation

The key idea is that dabigatran is approved for stroke prevention specifically in nonvalvular atrial fibrillation. In valvular atrial fibrillation—such as cases with mechanical heart valves or significant rheumatic valve disease—warfarin remains preferred because DOACs like dabigatran have not proven benefit and are not recommended. Atrial flutter and ventricular fibrillation are distinct rhythm disorders and aren't the labeled targets for this medication. So the best answer is non-valvular atrial fibrillation.

6. Which of the following is a common cause of bowel obstruction in children?

A. Volvulus

B. Intussusception

C. Constipation (fecal impaction)

D. Gastroesophageal reflux disease

Intussusception is the most common cause of intestinal obstruction in young children. It happens when a part of the intestine folds into the neighboring segment, usually the ileocecal junction. This telescoping blocks the lumen and impairs venous return, leading to intermittent, crampy abdominal pain, drawing the knees to the chest, vomiting, and sometimes a palpable sausage-shaped mass. As the condition progresses, there can be bloody, mucus-filled stools described as currant jelly. Because it disrupts flow and can progress to ischemia, it is a classic pediatric obstruction scenario and often presents in the first few years of life. Diagnosis is typically by ultrasound, which can show a characteristic target or doughnut sign. The preferred treatment is nonoperative reduction with an air or contrast enema under imaging guidance; this is successful in many cases. If reduction fails, or if there are signs of perforation or peritonitis, surgical intervention is required. Other options are less typical for pediatric bowel obstruction. Volvulus is a possible cause but is less common in this age group and often presents with rapid deterioration. Constipation can cause functional obstruction but usually lacks the acute, episodic presentation and classic signs seen with intussusception in young children. GERD does not cause a bowel obstruction.

7. Which is a known risk factor for premature menopause?

- A. Obesity**
- B. Diabetes Mellitus**
- C. Tobacco use**
- D. Both Diabetes Mellitus and tobacco use**

Premature menopause means the ovaries stop functioning before age 40-45 due to loss of ovarian reserve. The strongest known modifiable risk factor is tobacco use: nicotine and other tobacco toxins accelerate follicular depletion, so women who smoke tend to reach menopause earlier than nonsmokers. Diabetes mellitus is also linked to earlier ovarian aging in some studies. Metabolic and autoimmune factors associated with diabetes can affect ovarian function and reserve, contributing to earlier menopause in certain individuals. Because of these, having both diabetes and tobacco exposure increases the likelihood of premature menopause more than either factor alone, which is why the option that includes both is the best choice. Obesity is not a well-established risk factor for premature menopause and in some cases is associated with higher estrogen levels that can delay menopause, so it does not fit as a primary risk factor.

8. What is the gold standard diagnostic test for Sjogren's syndrome?

- A. ANA**
- B. Anti-Rho/Anti-La**
- C. Biopsy**
- D. Schirmer test**

Labial minor salivary gland biopsy showing focal lymphocytic sialadenitis provides the most definitive confirmation of Sjogren's syndrome. The disease involves autoimmune attack on exocrine glands, so seeing organized clusters of lymphocytes infiltrating salivary tissue directly demonstrates the underlying process. A positive biopsy, typically with a focus score of at least 1 focus per 4 mm² of gland tissue, confirms the diagnosis. Serologic tests like ANA or anti-Ro/La and functional tests such as the Schirmer test can support suspicion, but they are not definitive on their own because they are not specific to Sjogren's. ANA can be seen in many conditions, and anti-Ro/La antibodies, while common, are not present in all patients. The Schirmer test assesses tear production and indicates sicca symptoms but does not prove the autoimmune cause. Thus, the biopsy provides the highest diagnostic certainty by showing the characteristic histopathology of Sjogren's syndrome.

9. In a woman s/p cesarean with a history of gestational diabetes, what is the recommended DM screening postpartum?

- A. No change from regular recommendations**
- B. A1c at 6 weeks postpartum and then annually**
- C. A1c every 6 months for first 2 years after delivery, then return to normal screening guidelines**
- D. A1c annually**

Women with a history of gestational diabetes continue to be at high risk for developing type 2 diabetes after delivery, especially in the first couple of years. The most effective way to catch this early is to monitor glycemic status more frequently during that high-risk period. Using A1c every six months for the first two years after delivery provides timely detection of progression to diabetes or prediabetes and allows early lifestyle or treatment interventions. After this two-year window, if results remain normal, screening can return to the usual rhythm based on general risk factors. A1c reflects average glucose over about three months and offers a convenient, non-fasting measure for ongoing surveillance. If the A1c indicates diabetes or prediabetes, appropriate steps are taken and testing is repeated to confirm persistence.

10. In sinusitis, what is the most common history finding?

- A. craniofacial abnormalities**
- B. allergic rhinitis**
- C. recent URI**
- D. immunocompromised**

Sinusitis most often starts after a viral upper respiratory infection. The inflammation from the URI causes swelling and blockage of the sinus drainage pathways, which creates an environment for infection to develop. Because of this typical sequence, a recent URI is the most common historical clue you'll hear. While allergic rhinitis, craniofacial abnormalities, or immunocompromised status can contribute to sinusitis or complicate its course, they are not the usual preceding illness patients report. In short, a recent viral URI in the history best explains the onset of sinusitis.

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://panceboard.examzify.com>

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