

# PNN 7-Day Live Course Practice Test (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. What additional requirement does Dovato have for administration?**
  - A. Must be taken with food**
  - B. Only if the patient has never received treatment before**
  - C. Requires a prescription refill every month**
  - D. Only under medical supervision**
  
- 2. What is Malarone primarily used for?**
  - A. Anti-inflammatory medication**
  - B. Antimalarial**
  - C. Antibiotic**
  - D. Analgesic**
  
- 3. What is a common complication of Clostridium perfringens infections?**
  - A. Pneumonia**
  - B. Gas gangrene**
  - C. Urinary tract infection**
  - D. Gastroenteritis**
  
- 4. How often should competency assessments for aseptic techniques be executed electronically?**
  - A. Every month**
  - B. Every 6 months**
  - C. Every 12 months**
  - D. Every 3 months**
  
- 5. What is the dosing frequency for Bydureon?**
  - A. Once daily**
  - B. Twice daily**
  - C. Once weekly**
  - D. As needed**

- 6. What is the mechanism of action of Tamoxifen?**
- A. Aromatase Inhibitor**
  - B. Selective Estrogen Receptor Modulator (SERM)**
  - C. CDK4/6 Inhibitor**
  - D. mTOR Inhibitor**
- 7. What is the blood pressure range classified as stage 1 hypertension?**
- A. 120-129 or 80-84**
  - B. 130-139 or 80-89**
  - C. 140-159 or 90-99**
  - D. 160 or higher**
- 8. Which of the following medications is known to increase the risk of fractures?**
- A. Ritonavir**
  - B. Steroids**
  - C. SSRI antidepressants**
  - D. Thiazides**
- 9. At what age can patients start receiving Heplisav-B, the Hepatitis B vaccine?**
- A. Less than 18 years**
  - B. 18 years and older**
  - C. 24 years and older**
  - D. 30 years and older**
- 10. In which scenario is Descovy contraindicated?**
- A. In people with a CD4 count below 200**
  - B. In individuals with a creatinine clearance lower than 30**
  - C. In patients with a history of previous treatments**
  - D. In those not engaging in anal sex**

## Answers

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

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## **Explanations**

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**1. What additional requirement does Dovato have for administration?**

**A. Must be taken with food**

**B. Only if the patient has never received treatment before**

**C. Requires a prescription refill every month**

**D. Only under medical supervision**

Dovato, which is a combination of dolutegravir and lamivudine, is specifically designed for patients who have never been treated for HIV before. This is an important requirement because these medications are meant for initial therapy in treatment-naïve cases to ensure optimal effectiveness and minimize the risk of resistance developing to the drugs. If used in patients who have previously received HIV treatment, the effectiveness may be compromised, and it could lead to accelerated viral resistance. Other choices do not align with the specific requirements for Dovato. For instance, it does not have a food requirement, nor is it mandated to be administered under strict medical supervision beyond what is standard for all medications. Additionally, while a prescription is needed, the monthly refill requirement is not uniquely applicable to Dovato compared to other medications. Understanding these specifics is essential for ensuring patients receive appropriate HIV treatment.

**2. What is Malarone primarily used for?**

**A. Anti-inflammatory medication**

**B. Antimalarial**

**C. Antibiotic**

**D. Analgesic**

Malarone is primarily recognized as an antimalarial medication. It combines two active ingredients, atovaquone and proguanil, which work synergistically to inhibit the growth of malaria parasites in the blood. This effectiveness makes Malarone a key choice in the prevention and treatment of malaria, particularly in areas where the disease is prevalent. Its mode of action targets different stages of the Plasmodium species life cycle, which are responsible for malaria. In contrast, the other options do not reflect Malarone's therapeutic use. Anti-inflammatory medications are used to reduce inflammation, antibiotics are utilized to treat bacterial infections, and analgesics aim to relieve pain. Hence, understanding the specific function of Malarone as an antimalarial is crucial for its proper application in clinical settings and for individuals traveling to regions where malaria is endemic.

### 3. What is a common complication of Clostridium perfringens infections?

- A. Pneumonia
- B. Gas gangrene**
- C. Urinary tract infection
- D. Gastroenteritis

Gas gangrene is a significant complication associated with Clostridium perfringens infections. This bacterium is known for its ability to cause tissue necrosis and is often involved in wound infections, particularly in cases of deep tissue injuries or when there is a lack of blood supply. Clostridium perfringens produces several toxins, including alpha-toxin, which damages cell membranes and leads to the rapid development of gas gangrene. This condition is characterized by the formation of gas within tissues, intense pain, swelling, and discoloration, ultimately resulting in severe damage to muscles and surrounding tissues if not treated promptly. While the other choices represent infections and complications associated with different pathogens or conditions, they are not typical outcomes of Clostridium perfringens infections. Pneumonia is often related to respiratory pathogens, urinary tract infections commonly arise from Gram-negative bacteria, and gastroenteritis is typically associated with enteric pathogens, none of which directly correlate with the pathogenic mechanisms of Clostridium perfringens. Thus, gas gangrene stands out as the correct answer due to its direct association with this specific bacterium's infection profile.

### 4. How often should competency assessments for aseptic techniques be executed electronically?

- A. Every month
- B. Every 6 months
- C. Every 12 months**
- D. Every 3 months

Competency assessments for aseptic techniques should be executed every 12 months to ensure that healthcare professionals remain proficient in these critical procedures. This annual evaluation period is standard practice in many healthcare facilities, reflecting a balance between maintaining high standards of aseptic techniques and allowing sufficient time for healthcare professionals to demonstrate their skills. Regular assessments help to reinforce knowledge, identify areas needing improvement, and ensure compliance with current guidelines and best practices. By conducting these assessments annually, facilities can monitor the ongoing competency of their staff while providing opportunities for skill refreshers and additional training as needed. This frequency helps to minimize the risk of errors and infections related to aseptic procedures. Additionally, while more frequent assessments might be beneficial in certain high-risk environments, the annual schedule captures the necessary competency checks without overwhelming the staff or compromising patient care.

## 5. What is the dosing frequency for Bydureon?

- A. Once daily
- B. Twice daily
- C. Once weekly**
- D. As needed

Bydureon is a glucagon-like peptide-1 (GLP-1) receptor agonist used primarily for the treatment of type 2 diabetes. The dosing frequency for Bydureon is once weekly, which is designed to provide a convenient and effective way to manage blood glucose levels. This weekly dosing helps to improve adherence to the medication regimen, as patients are less likely to forget to take their medication compared to daily or more frequent dosing schedules. The long-acting formulation of Bydureon allows it to maintain therapeutic levels in the body over an extended period, providing consistent glycemic control without requiring multiple daily injections. This is a key feature of the medication, distinguishing it from other diabetes treatments that may require more frequent administration.

## 6. What is the mechanism of action of Tamoxifen?

- A. Aromatase Inhibitor
- B. Selective Estrogen Receptor Modulator (SERM)**
- C. CDK4/6 Inhibitor
- D. mTOR Inhibitor

Tamoxifen functions as a Selective Estrogen Receptor Modulator (SERM), which means it has the unique ability to bind to estrogen receptors and exert varying effects depending on the target tissue. In breast tissue, Tamoxifen competitively inhibits the binding of estrogen to its receptor, thereby blocking estrogen's proliferative effects on breast cancer cells. This is particularly beneficial in the treatment and prevention of hormone receptor-positive breast cancer. In contrast, its mechanism is distinct from that of aromatase inhibitors, which prevent the conversion of androgens to estrogens, or from CDK4/6 inhibitors and mTOR inhibitors that target cell cycle regulation and signaling pathways involved in cancer proliferation. By selectively modulating estrogen receptor activity, Tamoxifen provides a targeted approach to managing certain types of breast cancer, highlighting its significance in oncological therapies.

## 7. What is the blood pressure range classified as stage 1 hypertension?

- A. 120-129 or 80-84
- B. 130-139 or 80-89**
- C. 140-159 or 90-99
- D. 160 or higher

Stage 1 hypertension is classified by a blood pressure range of 130-139 mmHg for systolic pressure, or 80-89 mmHg for diastolic pressure. This classification is essential as it helps identify individuals who are at risk for cardiovascular diseases and can benefit from lifestyle modifications and possibly pharmacological interventions. Understanding these values is crucial for both healthcare providers and patients, as it emphasizes the importance of regular monitoring and managing blood pressure to prevent the progression to more severe hypertension stages. The range effectively reflects a level of blood pressure that, although not extremely high, indicates the need for careful management and potential intervention to maintain heart health.

**8. Which of the following medications is known to increase the risk of fractures?**

- A. Ritonavir
- B. Steroids**
- C. SSRI antidepressants
- D. Thiazides

Steroids, also known as corticosteroids, are well-documented to increase the risk of fractures, particularly when used for prolonged periods or at high doses. This is primarily due to their effects on bone metabolism. Corticosteroids can inhibit the function of osteoblasts, the cells responsible for bone formation, and increase the activity of osteoclasts, which leads to accelerated bone resorption. This imbalance results in decreased bone density, making bones more fragile and susceptible to fractures. In patients receiving steroid therapy, especially those who have other risk factors for osteoporosis or who are postmenopausal, the likelihood of sustaining fractures, including vertebral and hip fractures, rises significantly. Monitoring bone density and considering preventive measures, such as calcium and vitamin D supplementation or bisphosphonates, may be necessary in patients on long-term steroid therapy. Understanding the impact of steroids on bone health is crucial for healthcare providers, enabling them to take proactive steps to minimize fracture risk in their patients.

**9. At what age can patients start receiving Heplisav-B, the Hepatitis B vaccine?**

- A. Less than 18 years
- B. 18 years and older**
- C. 24 years and older
- D. 30 years and older

Heplisav-B, the Hepatitis B vaccine, has been approved for use in individuals aged 18 years and older. This vaccine is designed to provide protection against Hepatitis B virus infection with a two-dose schedule, each dose given at least 4 weeks apart. The rationale for specifying this age group is based on clinical trials demonstrating the safety and efficacy of the vaccine in adults. Vaccination in this age group is essential as Hepatitis B can lead to serious health issues like liver disease and liver cancer, and vaccinating those starting at 18 ensures that young adults are protected before potentially high-risk behaviors or exposure situations arise. Therefore, the correct answer aligns with the FDA recommendations and clinical guidelines for the administration of Heplisav-B.

**10. In which scenario is Descovy contraindicated?**

- A. In people with a CD4 count below 200**
- B. In individuals with a creatinine clearance lower than 30**
- C. In patients with a history of previous treatments**
- D. In those not engaging in anal sex**

Descovy, a medication used for HIV pre-exposure prophylaxis (PrEP), is contraindicated in individuals with a creatinine clearance lower than 30 mL/min. This is primarily due to the risk of renal toxicity associated with the drug. When kidney function is significantly impaired, the body may not adequately clear the medication, leading to potentially harmful levels in the system. As a safety precaution, prescribing Descovy in such cases would not be advisable to prevent adverse side effects. The criteria for use in other options do not indicate a direct contraindication. For instance, having a CD4 count below 200 is not a direct reason for contraindication, as it is related more to the management of HIV rather than to the use of Descovy for PrEP. Similarly, a history of previous treatments does not automatically disqualify an individual from using Descovy, nor is it relevant to kidney function or safety. Lastly, while Descovy is targeted for specific populations engaged in certain sexual activities, not engaging in anal sex does not constitute a contraindication for its use.

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## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://pnn7daylivecourse.examzify.com>**

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

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