

PSI Family Nurse Practitioner (FNP) Practice Exam (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 is a classic sign of acute appendicitis?**
 - A. Positive Murphy's sign**
 - B. Rebound tenderness at McBurney's point**
 - C. A negative Rovsing's sign**
 - D. Positive Prehn's sign**
- 2. What age group is most affected by motor vehicle accidents related to alcohol?**
 - A. Children under 12**
 - B. Adolescents aged 10-14**
 - C. Adults aged 25-34**
 - D. Adolescents aged 15-24**
- 3. Weight gain in a pregnant woman with urine findings of protein may indicate which of the following conditions?**
 - A. Gestational diabetes**
 - B. Hyperemesis gravidarum**
 - C. Pregnancy-induced hypertension**
 - D. Cervical insufficiency**
- 4. A patient with acute bronchitis presents with foul-smelling sputum. What should the nurse practitioner prescribe?**
 - A. Theophylline**
 - B. A PCN antibiotic**
 - C. An inhalable corticosteroid**
 - D. A macrolide antibiotic**
- 5. The Posterior drawer sign is used to assess which ligament injury?**
 - A. Lateral Collateral Ligament (LCL)**
 - B. Medial Collateral Ligament (MCL)**
 - C. Anterior Cruciate Ligament (ACL)**
 - D. Posterior Cruciate Ligament (PCL)**

- 6. Cranial Nerve VII is primarily responsible for which action?**
- A. Vision**
 - B. Facial expression**
 - C. Balance**
 - D. Smell**
- 7. Which cranial nerves are responsible for voice and speech?**
- A. Cranial Nerve I, IV, and V**
 - B. Cranial Nerve III, VII, IX, and XII**
 - C. Cranial Nerve II, V, and X**
 - D. Cranial Nerve VI, VIII, and IX**
- 8. What is the most urgent complication associated with celiac disease in infants?**
- A. Growth retardation**
 - B. Intussusception or volvulus**
 - C. Vitamin deficiency**
 - D. Esophageal reflux**
- 9. What role does education play in managing light-headedness in pregnant women?**
- A. Suggesting medication**
 - B. Providing dietary supplements**
 - C. Encouraging slow position changes**
 - D. Recommending physical exercise**
- 10. What dietary change can help manage gastroesophageal reflux disease in infants?**
- A. Decrease overall feeding frequency**
 - B. Increase caloric density**
 - C. Positioning during feeding**
 - D. Introduce solid food early**

Answers

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

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Explanations

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1. What is a classic sign of acute appendicitis?

- A. Positive Murphy's sign
- B. Rebound tenderness at McBurney's point**
- C. A negative Rovsing's sign
- D. Positive Prehn's sign

A classic sign of acute appendicitis is rebound tenderness at McBurney's point. This tenderness is assessed during a physical examination when pressure is applied to the abdomen and then quickly released. If there is pain upon release, it indicates irritation of the peritoneum, which occurs in conditions like appendicitis. McBurney's point is located in the right lower quadrant of the abdomen, approximately one-third of the distance from the anterior superior iliac spine to the navel. The presence of rebound tenderness specifically at this location supports the diagnosis of appendicitis. Other signs and tests do exist in the evaluation of abdominal pain, but they reflect different conditions or aspects of diagnosis. Positive Murphy's sign is associated with cholecystitis, as it indicates pain upon palpation of the gallbladder. A negative Rovsing's sign, which tests for referred pain felt in the right lower quadrant when the left side of the abdomen is palpated, is less indicative than its positive counterpart, which would be relevant in diagnosing appendicitis. Positive Prehn's sign is utilized in testing for epididymitis and refers to the relief of pain when the scrotum is lifted, making it unrelated to appendicitis.

2. What age group is most affected by motor vehicle accidents related to alcohol?

- A. Children under 12
- B. Adolescents aged 10-14
- C. Adults aged 25-34
- D. Adolescents aged 15-24**

Motor vehicle accidents related to alcohol are most significantly observed in adolescents aged 15-24. This age group is particularly vulnerable due to a combination of factors, including inexperience with driving, higher rates of risk-taking behaviors, and the prevalence of underage drinking. Young drivers often overestimate their skills and may underestimate the dangers associated with alcohol consumption and impaired driving. Research indicates that this age demographic experiences higher rates of fatal crashes, especially when alcohol is involved. Additionally, social factors such as peer influence and a cultural acceptance of drinking in this age range contribute to the increased incidence of these accidents. Consequently, public health initiatives often target this age group to promote safe driving behaviors and responsible alcohol consumption.

3. Weight gain in a pregnant woman with urine findings of protein may indicate which of the following conditions?

- A. Gestational diabetes**
- B. Hyperemesis gravidarum**
- C. Pregnancy-induced hypertension**
- D. Cervical insufficiency**

The presence of weight gain in a pregnant woman, combined with urine findings of protein, is indicative of pregnancy-induced hypertension, also known as preeclampsia. Preeclampsia is characterized by high blood pressure and signs of damage to another organ system, often the kidneys, which can lead to proteinuria, the presence of protein in urine. In preeclampsia, weight gain is typically linked to fluid retention due to increased blood pressure and kidney involvement, which can cause the body to hold onto water and sodium. The protein in the urine indicates that the kidneys are not functioning properly, which is a key feature of preeclampsia. In contrast, conditions such as gestational diabetes primarily affect blood glucose levels and do not usually present with proteinuria. Hyperemesis gravidarum is characterized by severe nausea and vomiting, leading to dehydration rather than weight gain due to fluid retention. Cervical insufficiency involves the premature opening of the cervix and does not relate to weight changes or protein levels in urine. Overall, the combination of weight gain and protein in the urine provides a strong indication of pregnancy-induced hypertension, emphasizing the importance of monitoring these symptoms during pregnancy for the health of both the mother and the baby.

4. A patient with acute bronchitis presents with foul-smelling sputum. What should the nurse practitioner prescribe?

- A. Theophylline**
- B. A PCN antibiotic**
- C. An inhalable corticosteroid**
- D. A macrolide antibiotic**

In cases of acute bronchitis, particularly when presented with foul-smelling sputum, it is important to consider the possibility of a bacterial infection, such as those caused by atypical bacteria that can lead to increased sputum production with a distinct odor. The use of a macrolide antibiotic is appropriate in this context due to its effectiveness against a range of pathogens, especially atypical bacteria like *Mycoplasma pneumoniae* and *Chlamydia pneumoniae*, which are common in bronchitis cases and can produce foul-smelling sputum. Macrolides, such as azithromycin or clarithromycin, are often chosen because they not only target these atypical organisms but also have good penetration into the respiratory tissues and fewer side effects compared to other classes of antibiotics. This makes them suitable for treating acute bronchitis symptoms in patients presenting with these specific clinical signs. In contrast, other options may not be as effective in this situation. Theophylline is primarily used for chronic conditions like asthma or COPD, not for acute bronchitis presenting with bacterial signs. A PCN (penicillin) antibiotic may not cover the atypical pathogens effectively, as it primarily works against typical bacterial infections. An inhalable corticosteroid is focused on reducing inflammation in chronic

5. The Posterior drawer sign is used to assess which ligament injury?

- A. Lateral Collateral Ligament (LCL)**
- B. Medial Collateral Ligament (MCL)**
- C. Anterior Cruciate Ligament (ACL)**
- D. Posterior Cruciate Ligament (PCL)**

The Posterior drawer sign is specifically utilized to evaluate injuries to the Posterior Cruciate Ligament (PCL). This test involves the clinician applying a posterior force to the proximal tibia while the knee is flexed to 90 degrees. An excessive posterior movement of the tibia, compared to the femur, is indicative of a PCL tear or injury. In the context of assessing knee stability, various special tests are designed for different ligaments, and the posterior drawer sign is unique to the PCL. Understanding this test is critical for diagnosing knee injuries, as the PCL plays a crucial role in stabilizing the knee joint, particularly in resisting posterior translation of the tibia.

6. Cranial Nerve VII is primarily responsible for which action?

- A. Vision**
- B. Facial expression**
- C. Balance**
- D. Smell**

Cranial Nerve VII, also known as the facial nerve, primarily controls the muscles responsible for facial expressions. This includes movements that help with a range of actions such as smiling, frowning, and closing the eyes. The facial nerve is also involved in the sensation of taste from the anterior two-thirds of the tongue and carries parasympathetic fibers to glands in the head and neck, including the salivary and lacrimal glands. Thus, the main function of Cranial Nerve VII revolves around motor activities related to facial expression. In contrast, other options focus on entirely different functions. Vision is primarily associated with Cranial Nerve II, which is responsible for sight. Balance is governed mainly by the vestibular component of the eighth cranial nerve, and the sense of smell relates to the first cranial nerve, known as the olfactory nerve. Therefore, the correct answer clearly highlights the specific role of Cranial Nerve VII as it pertains to muscle movement and expression in the face.

7. Which cranial nerves are responsible for voice and speech?

- A. Cranial Nerve I, IV, and V
- B. Cranial Nerve III, VII, IX, and XII**
- C. Cranial Nerve II, V, and X
- D. Cranial Nerve VI, VIII, and IX

The cranial nerves that are primarily responsible for voice and speech are those that control the muscles involved in the vocalization process and the sensory inputs necessary for articulation and resonance. Cranial Nerve VII, the facial nerve, innervates muscles for facial expression, which is important in the modulation of speech. Cranial Nerve IX, the glossopharyngeal nerve, plays a role in the sensation of the oropharynx and is involved in the gag reflex important for swallowing, which is closely associated with phonation. Cranial Nerve XII, the hypoglossal nerve, controls the movement of the tongue, crucial for speech articulation. The other combinations of cranial nerves listed do not encompass the necessary nerves involved in voice production and articulation. For example, Cranial Nerve I is responsible for the sense of smell, while Cranial Nerve V primarily provides sensory innervation to the face and motor functions for mastication, neither of which directly contributes to voice and speech. Therefore, focusing on the correct cranial nerves that facilitate the complex mechanisms of vocalization, option B accurately identifies the relevant nerves.

8. What is the most urgent complication associated with celiac disease in infants?

- A. Growth retardation
- B. Intussusception or volvulus**
- C. Vitamin deficiency
- D. Esophageal reflux

The most urgent complication associated with celiac disease in infants is intussusception or volvulus. This is particularly significant because these conditions involve a portion of the intestine folding into itself (intussusception) or twisting (volvulus), which can lead to a blockage of the intestinal passage. In infants, this can result in a medical emergency, potentially causing ischemia or necrosis of the affected segment of the intestine. While growth retardation, vitamin deficiencies, and esophageal reflux are important concerns related to celiac disease, they are generally more chronic and can be managed over time. Growth retardation is a common manifestation of malabsorption due to celiac disease, but it is not typically an immediate and life-threatening emergency. Vitamin deficiencies arise from the malabsorption of nutrients over time and can lead to long-term complications if not addressed, but they do not present the same immediate risk of acute intestinal complications. Esophageal reflux can occur in infants for various reasons, including structural issues or other gastrointestinal conditions, but it is not typically associated specifically with celiac disease or considered an urgent complication. Therefore, the urgency associated with intussusception or volvulus makes it the most critical complication that requires immediate intervention in infants diagnosed with celiac

9. What role does education play in managing light-headedness in pregnant women?

- A. Suggesting medication**
- B. Providing dietary supplements**
- C. Encouraging slow position changes**
- D. Recommending physical exercise**

Education plays a vital role in managing light-headedness in pregnant women, particularly through encouraging slow position changes. During pregnancy, physiological changes such as increased blood volume and alterations in blood pressure can contribute to feelings of light-headedness, especially upon standing or changing positions quickly. Educating pregnant women about the importance of moving slowly when getting up from sitting or lying down helps to minimize sudden drops in blood pressure and can prevent episodes of dizziness. This practice not only promotes safety but also empowers women to take control of their symptoms. Additionally, providing information on how to recognize signs that may warrant medical attention can further enhance their understanding and management of light-headedness during pregnancy. Encouragement of slow position changes is therefore essential in teaching women effective strategies to cope with these sensations.

10. What dietary change can help manage gastroesophageal reflux disease in infants?

- A. Decrease overall feeding frequency**
- B. Increase caloric density**
- C. Positioning during feeding**
- D. Introduce solid food early**

Positioning during feeding is an effective dietary change to help manage gastroesophageal reflux disease (GERD) in infants. Proper positioning can minimize the risk of reflux episodes by reducing the likelihood of stomach contents flowing back into the esophagus. When infants are upright during and after feeding, gravity helps keep the stomach contents down, which can ease symptoms associated with GERD. Additionally, the positioning technique can include holding the baby in an upright position for 20 to 30 minutes after feeding, which further aids in preventing reflux. Working on the infant's positioning during feeding also has no adverse effects compared to some other interventions, making it an ideal first approach in managing GERD. Other options may not address the underlying causes of reflux effectively or might not be suitable for all infants, which is why focusing on positioning is essential in managing this condition.

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://psifamilynursepractitioner.examzify.com>

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