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

STUDY GUIDE

Prepare with structure. Pass with confidence

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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.

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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!

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Questions

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1. The visual fields by confrontation test evaluates which aspect of vision?

A. Peripheral vision

B. Central vision

C. Visual acuity

D. Accommodation

2. An 18-month-old child presents with a bulging tympanic membrane and fever. After treating for otitis media, what is the next appropriate intervention?

A. Obtain an EKG

B. Obtain an Echocardiogram

C. Reevaluate the patient in 10 days

D. Refer the patient to a cardiologist

3. A patient on warfarin should report all of the following to their healthcare provider EXCEPT?

A. One missed dose of warfarin

B. Signs of bleeding

C. Changes in medication

D. Dietary changes

4. A newly diagnosed diabetic patient is taught about blood glucose monitoring. What is the recommended frequency for checking blood glucose for non-insulin-dependent diabetes?

A. Once weekly

B. Twice daily

C. Once daily

D. As necessary for symptoms

5. A patient with a history of hyperlipidemia is found to have elevated triglycerides. Which dietary change is most beneficial?

A. Increase carbohydrate intake

B. Reduce saturated fat consumption

C. Lower fiber in the diet

D. Increase protein intake

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6. 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

7. A 25-year-old woman presents with scant nipple discharge and no palpable mass. What is the most likely diagnosis?

A. Intraductal papilloma

B. Fibrocystic breast disease

C. Breast cancer

D. Chest wall syndrome

8. Which of the following is NOT true regarding the S3 heart sound?

A. It occurs just after the S2 heart sound

B. It is low-pitched

C. It indicates rapid ventricular filling

D. It is heard before the S1 heart sound

9. Which of the following is NOT an indication of preeclampsia?

A. Visual disturbances

B. Glucosuria

C. Edema of the face and hands

D. Headaches

10. What is a common rule when prescribing medications for elderly patients?

A. Start at the average adult dosage

B. Start at a higher dose than adults

C. Start at a lower dose and increase slowly

D. Prescribe the same dosage as for young adults

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Answers

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

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Explanations

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1. The visual fields by confrontation test evaluates which aspect of vision?

A. Peripheral vision

B. Central vision

C. Visual acuity

D. Accommodation

The visual fields by confrontation test primarily evaluates peripheral vision. This test is designed to assess a person's ability to detect objects or movement in their side (peripheral) vision while their central vision is focused on a specific point. During the test, the healthcare provider and patient sit facing each other, and the provider asks the patient to cover one eye while they observe the other eye. The provider then moves their hands or fingers into the patient's periphery to see if the patient can see them at various angles. This helps determine if there are any deficits in the peripheral vision, which can be indicative of various neurological conditions or eye diseases. In contrast, central vision is assessed through other methods, such as chart vision tests, which do not evaluate peripheral awareness. Visual acuity measures sharpness or clarity of vision, typically using an eye chart, whereas accommodation refers to the eye's ability to change focus from distant to near objects, which is assessed using different techniques. Therefore, the confrontation test's focus on peripheral vision is pivotal in identifying potential visual field defects.

2. An 18-month-old child presents with a bulging tympanic membrane and fever. After treating for otitis media, what is the next appropriate intervention?

A. Obtain an EKG

B. Obtain an Echocardiogram

C. Reevaluate the patient in 10 days

D. Refer the patient to a cardiologist

The next appropriate intervention, after treating an 18-month-old child with otitis media, is to reevaluate the patient in 10 days. This follow-up is crucial for assessing whether the treatment has been effective and to determine if any complications have developed or if further treatment is needed. Otitis media is a common condition in young children and can often resolve on its own or with appropriate medical management. The follow-up visit allows for monitoring the child's condition, providing a chance to check for persistent symptoms such as fever or ear pain, and to assess the tympanic membrane's status post-treatment. Additionally, this follow-up can help identify if the child is at risk for recurrence or if there may be other underlying issues. The other options, such as obtaining an EKG or an echocardiogram, are not indicated in this scenario because they relate to cardiovascular assessment, which is not relevant for a straightforward case of otitis media. Referring the patient to a cardiologist is also unnecessary unless there are specific signs or symptoms suggesting a cardiac issue, which are not mentioned here. Therefore, a reevaluation in 10 days is the most appropriate and standard course of action after initial treatment for otitis media in a pediatric patient.

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3. A patient on warfarin should report all of the following to their healthcare provider EXCEPT?

A. One missed dose of warfarin

B. Signs of bleeding

C. Changes in medication

D. Dietary changes

Patients on warfarin need to maintain a careful balance to ensure their anticoagulation therapy is effective while minimizing the risk of bleeding complications. Among the options provided, the best understanding is that reporting a single missed dose of warfarin is generally not considered critical compared to the other concerns listed. While adherence to medication is essential, one missed dose may not significantly impact the patient's INR or anticoagulation status, especially if they return to their regular dosing schedule promptly. In contrast, signs of bleeding must be reported immediately, as they indicate a potential adverse effect of warfarin therapy that could have serious consequences. Changes in medication and dietary changes also hold significant importance because certain medications and foods can affect how warfarin works and alter the patient's INR levels. Adjustments in diet, particularly in vitamin K intake, can directly influence warfarin's effectiveness. Therefore, understanding these differences is critical in safe anticoagulation management.

4. A newly diagnosed diabetic patient is taught about blood glucose monitoring. What is the recommended frequency for checking blood glucose for non-insulin-dependent diabetes?

A. Once weekly

B. Twice daily

C. Once daily

D. As necessary for symptoms

For individuals with non-insulin-dependent diabetes, often referred to as type 2 diabetes, the recommended frequency for blood glucose monitoring is typically once daily. This level of monitoring is generally sufficient for those who are managing their diabetes through lifestyle changes, such as diet and exercise, rather than medication, and is aimed at ensuring that blood glucose levels remain within an acceptable range without the necessity for more frequent checks. Monitoring blood glucose once daily strikes a balance between maintaining awareness of blood sugar levels while minimizing the inconvenience and discomfort of frequent testing. It allows the patient to observe their glucose levels regularly enough to identify any trends or fluctuations, without overburdening them with daily multiple tests. This is particularly relevant for non-insulin-dependent diabetes where patients may not exhibit symptoms that necessitate more frequent testing. Alternative options such as testing once weekly or as necessary for symptoms could lead to gaps in monitoring that may result in undetected hyperglycemia or hypoglycemia, while twice daily testing might be more suited to those with more unstable blood sugar levels or those on more intensive therapeutic regimens, such as insulin therapy. Hence, encouraging once daily monitoring provides a practical and effective approach for managing blood glucose levels in patients with non-insulin-dependent diabetes.

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5. A patient with a history of hyperlipidemia is found to have elevated triglycerides. Which dietary change is most beneficial?

A. Increase carbohydrate intake

B. Reduce saturated fat consumption

C. Lower fiber in the diet

D. Increase protein intake

For a patient with elevated triglycerides, reducing saturated fat consumption is particularly beneficial. Saturated fats can raise blood lipid levels, including triglycerides. Dietary recommendations often emphasize replacing saturated fats with healthier fats, such as monounsaturated and polyunsaturated fats, to help manage triglyceride levels effectively. Additionally, diets that are lower in saturated fat may also lead to improvements in overall heart health, which is especially important for individuals with a history of hyperlipidemia. This approach aligns with the guidelines that advocate for a heart-healthy diet to lower lipid levels and reduce the risk of cardiovascular diseases. In contrast, increasing carbohydrate intake could potentially worsen triglyceride levels, especially if those carbohydrates are refined or high in sugars. Lowering fiber in the diet would not be beneficial, as dietary fiber plays a crucial role in lowering cholesterol levels and improving overall lipid profiles. Increasing protein intake alone does not specifically address triglyceride levels and may not provide the targeted benefits of reducing saturated fat.

6. 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.

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7. A 25-year-old woman presents with scant nipple discharge and no palpable mass. What is the most likely diagnosis?

A. Intraductal papilloma

B. Fibrocystic breast disease

C. Breast cancer

D. Chest wall syndrome

In this scenario, the most likely diagnosis is intraductal papilloma. This condition is characterized by the presence of a small, benign tumor within a milk duct of the breast, which can lead to symptoms such as nipple discharge, especially if the discharge is scant and there is no palpable mass. Intraductal papillomas commonly present in women in their 20s to 50s and often do not present with any prominent findings on examination aside from the discharge. The nature of the discharge, being scant, is consistent with intraductal papilloma, as this condition typically does not lead to abundant discharge or significant alteration in the breast tissue texture. Additionally, the absence of a palpable mass further supports the diagnosis. Other conditions can also present with nipple discharge and breast changes, but they typically have different characteristics. Fibrocystic breast disease often presents with more generalized breast tenderness or cystic changes rather than isolated discharge. Breast cancer might cause discharge as well; however, it usually presents with a palpable mass or other significant breast changes. Chest wall syndrome typically refers to musculoskeletal issues and would not account for nipple discharge at all. Thus, intraductal papilloma is the most fitting diagnosis given the details provided.

8. Which of the following is NOT true regarding the S3 heart sound?

A. It occurs just after the S2 heart sound

B. It is low-pitched

C. It indicates rapid ventricular filling

D. It is heard before the S1 heart sound

The S3 heart sound, often referred to as a "physiological" or "ventricular" gallop, typically occurs just after the S2 heart sound during the rapid filling phase of the ventricles. This sound occurs at the end of the rapid filling phase, which is associated with the heart's diastolic function. Being low-pitched, it can be best heard with the bell of the stethoscope, indicating that it is formed by blood rushing into the ventricles under specific conditions. The statement that it is heard before the S1 heart sound is not accurate. The S1 heart sound marks the beginning of ventricular systole as the mitral and tricuspid valves close. Since S3 occurs after S2 and before S1, it is important to understand the sequence of heart sounds during the cardiac cycle to grasp the correct timing of S3 in relation to S1 and S2. Therefore, the assertion that S3 is heard before S1 does not align with the established physiology of the heart sounds.

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9. Which of the following is NOT an indication of preeclampsia?

A. Visual disturbances

B. Glucosuria

C. Edema of the face and hands

D. Headaches

Preeclampsia is characterized by the development of hypertension and typically includes signs such as proteinuria and other symptoms that indicate involvement of organ systems. Visual disturbances, edema of the face and hands, and headaches are all recognized indications of preeclampsia. Visual disturbances can include blurriness or scotoma, which may signal impending complications like seizures or eclampsia. Edema, particularly in the face and hands, can be a sign of increased fluid retention associated with this condition. Severe headaches are often mentioned as a symptom accompanying preeclampsia, particularly if they are severe and persistent, indicating that blood pressure may be dangerously high. Glucosuria, on the other hand, pertains specifically to the presence of glucose in the urine and is more commonly associated with diabetes or gestational diabetes rather than preeclampsia. While some pregnant individuals may experience glucosuria, it is not a direct sign of preeclampsia and does not serve as an indicator for diagnosing the condition. This separation of conditions is essential in managing pregnancy and identifying potential risks.

10. What is a common rule when prescribing medications for elderly patients?

A. Start at the average adult dosage

B. Start at a higher dose than adults

C. Start at a lower dose and increase slowly

D. Prescribe the same dosage as for young adults

Beginning treatment with a lower dose and gradually increasing it is a common and advisable practice when prescribing medications for elderly patients. This approach accounts for the physiological changes that occur with aging, such as alterations in metabolism, organ function (particularly liver and kidneys), and increased sensitivity to medications. Starting with a lower dose helps to minimize the risk of adverse effects and allows for careful monitoring of the patient's response to the medication. Additionally, as older adults often take multiple medications, this strategy can help manage the potential for drug interactions and cumulative side effects. Incrementally increasing the dosage also allows healthcare providers to assess tolerance and therapeutic efficacy over time, ensuring the patient receives the appropriate medication without compromising their safety and well-being. This careful and methodical approach is a cornerstone of geriatric pharmacotherapy, emphasizing the need to tailor medication regimens for the unique needs of elderly patients.

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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.

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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