ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER (AGACNP) DRT PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which neurological symptom is commonly associated with pernicious anemia?

A. Glossitis

B. Paresthesia

C. Palpitations

D. Anorexia

2. Which of the following is NOT listed as a contraindication to thrombolytic therapy in the source material?

A. Active bleeding or bleeding diathesis (excluding menses)

B. Severe uncontrolled hypertension (>185/110)

C. Prior intracranial hemorrhage

D. Mild, well-controlled hypertension

3. By how much does creatinine clearance typically decline with every decade after age 20?

A. 6.5 mL/min per decade

B. 1 mL/min per decade

C. 2.5 mL/min per decade

D. 10 mL/min per decade

4. Nephrotoxic drugs cause which class of acute renal failure?

A. Pre-renal

B. Intrarenal (intrinsic)

C. Post-renal

D. Obstructive

5. Which statement best describes swelling in osteoarthritis?

A. Swelling and edema with redness and warmth

B. No swelling

C. Swelling and edema but no redness or heat

D. Warmth with swelling

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6. In a patient with renal calculi, radiating pain to the groin most strongly suggests that the stone has progressed to which segment of the ureter?

A. Proximal ureter

B. Renal pelvis

C. Bladder

D. Lower third of the ureter

7. Which imaging modality has a sensitivity of 75-90% for diagnosing appendicitis?

A. Ultrasound

B. CT scan

C. MRI

D. X-ray

8. What is the approximate 5-year survival rate for CML in affected patients?

A. 25%

B. 65%

C. 85%

D. 50%

9. Using the Parkland formula, what is the total fluid requirement for 24 hours?

A. 4mL × body weight (kg) × percentage of body surface area burned

B. 2mL × body weight × percentage burned

C. 4mL × body weight × TBSA in decimal

D. 6mL × body weight × TBSA

10. Benzodiazepine overdose antidote?

A. Naloxone

B. Activated charcoal

C. Physostigmine

D. Flumazenil

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Answers

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

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Explanations

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1. Which neurological symptom is commonly associated with pernicious anemia?

A. Glossitis

B. Paresthesia

C. Palpitations

D. Anorexia

Pernicious anemia causes a deficiency of vitamin B12, which leads to demyelination of the nerve pathways, especially the dorsal columns and lateral corticospinal tracts. This neurological effect commonly manifests as paresthesias—tingling or numbness in the hands and feet, and sometimes burning sensations or gait disturbances. These sensory symptoms reflect the actual nerve signal disruption from demyelination. Other options describe non-neurological or mucosal/hemicot effects. Palpitations arise from the cardiovascular response to anemia rather than nerve involvement, while anorexia is a nonspecific symptom of anemia. Glossitis can occur with B12 deficiency as a mucosal change but is not a neurological symptom.

2. Which of the following is NOT listed as a contraindication to thrombolytic therapy in the source material?

A. Active bleeding or bleeding diathesis (excluding menses)

B. Severe uncontrolled hypertension (>185/110)

C. Prior intracranial hemorrhage

D. Mild, well-controlled hypertension

Thrombolytic therapy is avoided when bleeding risk is unacceptably high. The strongest reasons to withhold therapy are situations that massively raise the chance of intracranial or systemic bleeding: active bleeding or a known bleeding diathesis (not counting menses), and a history of intracranial hemorrhage. Severe uncontrolled hypertension also raises the risk of hemorrhagic transformation and is a common absolute contraindication when blood pressure remains above the threshold. Mild, well-controlled hypertension, on the other hand, does not represent an absolute contraindication. Blood pressure can be managed to the target range before or during therapy, and such a level is not listed as a contraindication in the source material. So this option is the one that is NOT listed as a contraindication to thrombolytic therapy.

3. By how much does creatinine clearance typically decline with every decade after age 20?

A. 6.5 mL/min per decade

B. 1 mL/min per decade

C. 2.5 mL/min per decade

D. 10 mL/min per decade

Creatinine clearance, a practical stand in for GFR, declines with age as nephron number and renal perfusion decrease. After age 20, the typical drop is about 6.5 mL/min per decade. This means a healthy young adult with roughly 120 mL/min would decrease to about 94 mL/min by age 60 (roughly four decades × 6.5). The other options reflect rates that are too small or too large for the commonly cited aging pattern. This gradual decline is important for understanding why drug clearance changes with age and why dosing often needs adjustment in older adults.

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4. Nephrotoxic drugs cause which class of acute renal failure?

A. Pre-renal

B. Intrarenal (intrinsic)

C. Post-renal

D. Obstructive

Nephrotoxic drugs injure the kidney tissue directly, causing intrinsic (intrarenal) acute kidney injury. This is most commonly acute tubular necrosis from agents like aminoglycosides, radiocontrast, amphotericin B, and cisplatin, where the damage is inside the renal parenchyma—especially the tubules. Because the injury is to the kidney tissue itself, the hallmark is a failure of tubular function and a drop in GFR from within the kidney, rather than from reduced blood flow or urinary obstruction. This differs from pre-renal AKI, which results from decreased kidney perfusion, and from post-renal (obstructive) AKI, which stems from obstruction to urine flow. In intrinsic AKI due to nephrotoxins, the nephron tubules are the primary site of injury, leading to characteristic lab patterns such as higher FENa (often >2%) and granular casts on urine study. Stop the offending drug and provide supportive care to allow recovery of tubular function.

5. Which statement best describes swelling in osteoarthritis?

A. Swelling and edema with redness and warmth

B. No swelling

C. Swelling and edema but no redness or heat

D. Warmth with swelling

In osteoarthritis, swelling can occur from synovial fluid buildup and joint irritation, but it is usually noninflammatory. That means you may see edema around or within the joint, but the overlying skin is not red or warm to the touch. Redness and warmth point more toward inflammatory arthritis (like rheumatoid arthritis) or infection, whereas OA tends to cause mild, often intermittent swelling without the heat and redness.

6. In a patient with renal calculi, radiating pain to the groin most strongly suggests that the stone has progressed to which segment of the ureter?

A. Proximal ureter

B. Renal pelvis

C. Bladder

D. Lower third of the ureter

Pain from a ureteral stone follows the path of the ureter and the spinal nerves that supply it. The upper portion of the ureter and the renal pelvis typically produce flank or back pain, sometimes with nausea. As the stone moves downstream toward the lower ureter, the referred pain shifts toward the groin, and can extend to the scrotum in men or the labia in women. The distal ureter, near the bladder, is where sensation is most commonly referred to the groin region. So when the pain radiates strongly to the groin, it most strongly points to involvement of the lower third of the ureter, near the vesicoureteral junction. In contrast, bladder-related pain tends to be suprapubic and may not radiate to the groin, and stones higher up in the ureter or in the renal pelvis typically produce flank/back pain rather than groin radiation.

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7. Which imaging modality has a sensitivity of 75-90% for diagnosing appendicitis?

A. Ultrasound

B. CT scan

C. MRI

D. X-ray

Imaging choice for suspected appendicitis hinges on how accurately the test can identify the condition while also considering safety. Ultrasound often falls in the 75-90% sensitivity range, especially in children and lean adults, making it the most appropriate first-line test when a moderate level of diagnostic yield is acceptable and avoiding radiation is a priority. Ultrasound is noninvasive, portable, and free of ionizing radiation, so it's particularly favored in younger patients and pregnant individuals. A skilled exam looks for a next-to-compressible, blind-ended tubular structure in the right lower quadrant that is usually greater than about 6 mm in diameter, with wall thickening, periappendiceal fluid or fat stranding, and sometimes an appendicolith. It can also reveal alternative causes of pain, such as gynecologic pathology. However, ultrasound has limitations. Its accuracy depends on the operator and patient body habitus; in adults with obesity or significant bowel gas, visualization of the appendix can be poor, leading to nondiagnostic results. When ultrasound is nondiagnostic or the suspicion remains high despite a negative ultrasound, CT is often pursued because it has higher overall sensitivity and specificity (typically above 95%), though it involves ionizing radiation. MRI provides excellent sensitivity without radiation and is valuable in pregnancy or when CT is contraindicated, but it may be less readily available emergently and can be more time-consuming or costly. Plain X-ray has very limited utility for appendicitis and is not relied upon to diagnose it. So, given the stated sensitivity range, ultrasound is the best choice for its balance of diagnostic performance and safety in many patient populations.

8. What is the approximate 5-year survival rate for CML in affected patients?

A. 25%

B. 65%

C. 85%

D. 50%

In CML, prognosis depends on disease phase and response to targeted therapy. With modern treatment, especially tyrosine kinase inhibitors, many patients in the chronic phase live long, but when looking at all patients across all stages, the 5-year survival averages out to around the mid-60s percent. That's why about 65% is the best estimate for the overall 5-year survival. Numbers like 25% or 50% are lower than what many treated populations show, and 85% would be high for the broad all-stages population. Remember, survival is higher for those diagnosed in the chronic phase with good treatment response, and much lower for those with accelerated or blast-crisis.

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9. Using the Parkland formula, what is the total fluid requirement for 24 hours?

A. 4mL × body weight (kg) × percentage of body surface area burned

B. 2mL × body weight × percentage burned

C. 4mL × body weight × TBSA in decimal

D. 6mL × body weight × TBSA

Parkland formula guides initial fluid resuscitation in burn patients. The total fluid for the first 24 hours is 4 mL per kilogram of body weight times the percentage of body surface area burned, given as Lactated Ringer's solution. Use the percent burned (not a decimal). Half of that volume is administered in the first 8 hours from the time of burn, and the remaining half over the next 16 hours. For example, a 70 kg patient with 30% TBSA burns would need about 4 × 70 × 30 = 8,400 mL in 24 hours, with 4,200 mL in the first 8 hours and 4,200 mL in the following 16 hours.

10. Benzodiazepine overdose antidote?

A. Naloxone

B. Activated charcoal

C. Physostigmine

D. Flumazenil

Reversal of benzodiazepine toxicity is achieved with a competitive antagonist at the benzodiazepine binding site on the GABA-A receptor, which displaces the drug and rapidly reverses sedation and respiratory depression. Flumazenil fits this role because it binds to the same site on the GABA-A receptor as benzodiazepines, blocking their effects and allowing normal GABA activity to predominate again. This rapid onset makes it useful when there is profound sedation or uncertain diagnosis and you need to assess neurologic status promptly. However, because its effect wears off sooner than many benzodiazepines, there's a risk of re-sedation if a longer-acting agent is present, so patients must be monitored closely after administration. Other options don't act as specific antidotes for benzodiazepines. Naloxone reverses opioid toxicity, not benzodiazepines. Activated charcoal helps with decontamination if ingestion was recent but is not an antidote. Physostigmine is used for anticholinergic toxicity, not benzodiazepine overdose.

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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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