AIDS CERTIFIED REGISTERED NURSE (ACRN) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://acrn.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Which of the following agents is classified as an integrase inhibitor?

A. Selzentry - maraviroc

B. Tivicay - dolutegravir

C. Emtriva - emtricitabine

D. Viread - tenofovir disproxil fumarate

2. Which antiretroviral drug is known to potentially cause myopathy?

A. Lamivudine

B. Zidovudine

C. Raltegravir

D. Etravirine

3. Which of the following best describes CD4 count in HIV patients?

A. It quantifies the viral load

B. It measures immune system function

C. It indicates treatment side effects

D. It reflects the patient's age

4. What is the most appropriate action for a nurse when a patient requests an HIV test after discussing her sexual history?

A. Provide counseling and arrange for an HIV test

B. Get a CD4 cell count to determine the need for testing

C. Explain that the expense of the HIV test is unjustified

D. Get a viral polymerase chain reaction (PCR) test to assess HIV status

5. What is the goal of "treatment as prevention" in HIV management?

A. To increase the CD4 count

B. To completely eliminate the virus

C. To reduce the risk of transmission when viral load is undetectable

D. To alleviate symptoms of infection

SAMPLE

6. What may be a key consideration for ACRNs when treating patients with HIV?

A. Patient preferences for treatment methods

B. Availability of health insurance

C. The patient's age at diagnosis

D. All of the above

7. What is the most important nursing response for a client with a newly established AIDS diagnosis and vague thoughts about suicide?

A. Arrangement for constant observation

B. Referral for antidepressant medication

C. Further assessment for suicidal risk

D. Immediate referral to psychiatric clinician

8. Which of the following is a common opportunistic infection in AIDS patients?

A. Pneumonia

B. Influenza

C. Common cold

D. Bronchitis

9. A patient with AIDS who tests positive on the Quantiferon Gold test should be?

A. Evaluated for pulmonary tuberculosis

B. Evaluated for treatment of Hepatitis C

C. Treated for pneumocystis jiroveci

D. Placed in reverse isolation when hospitalized

10. What does PEP stand for, and when is it used?

A. Post-Exposure Prophylaxis; used after potential HIV exposure to prevent infection

B. Periodic Evaluation of Patients; used for routine check-ups

C. Pediatric Emergency Protocol; used for children with HIV

D. Public Education Program; aimed at raising awareness

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which of the following agents is classified as an integrase inhibitor?

A. Selzentry - maraviroc

B. Tivicay - dolutegravir

C. Emtriva - emtricitabine

D. Viread - tenofovir disproxil fumarate

The agent identified as an integrase inhibitor is Tivicay, also known as dolutegravir. Integrase inhibitors function by blocking the integrase enzyme, which is crucial for the replication of HIV. This enzyme is responsible for integrating the viral DNA into the host cell's DNA, allowing the virus to replicate. By inhibiting integrase, dolutegravir effectively disrupts the replication cycle of HIV, thereby reducing the viral load in the body. In addition to its mechanism of action, dolutegravir has been significant in HIV treatment regimens due to its potency and barrier to resistance. It is often preferred for its favorable pharmacokinetic properties and lesser side effect profile compared to other classes of antiretrovirals. The other agents listed do not function as integrase inhibitors. Selzentry (maraviroc) is a CCR5 antagonist, Emtriva (emtricitabine) is a nucleoside reverse transcriptase inhibitor (NRTI), and Viread (tenofovir disoproxil fumarate) is also an NRTI. Understanding the classifications and mechanisms of these medications is essential for effective HIV management and for preparing for the ACRN certification.

2. Which antiretroviral drug is known to potentially cause myopathy?

A. Lamivudine

B. Zidovudine

C. Raltegravir

D. Etravirine

Zidovudine is the antiretroviral drug associated with the potential side effect of myopathy. Myopathy refers to muscle weakness or pain, and it is an important consideration when managing patients on this medication. Zidovudine, which is a nucleoside reverse transcriptase inhibitor (NRTI), is known to cause two types of muscle-related side effects: myopathy and lactic acidosis. This is due to its mechanism of action, which interferes with cellular metabolism. Specifically, it can affect the muscles due to its impact on mitochondrial DNA, leading to muscle toxicity. It is essential for healthcare providers to monitor patients on zidovudine for symptoms such as muscle pain or weakness, as early intervention may be necessary to manage this side effect effectively. Recognizing the potential for myopathy allows for better patient care and management decisions in the treatment of HIV/AIDS.

SAMPLE

3. Which of the following best describes CD4 count in HIV patients?

A. It quantifies the viral load

B. It measures immune system function

C. It indicates treatment side effects

D. It reflects the patient's age

The correct option emphasizes that the CD4 count is a critical measure of immune system function in individuals living with HIV. CD4 T cells are a type of white blood cell that plays an essential role in the immune system, and their count is significant for assessing the health and functioning of the immune system in HIV patients. In the context of HIV, a low CD4 count indicates a weakened immune system, making the body more vulnerable to opportunistic infections and other complications. Monitoring the CD4 count helps healthcare providers determine the stage of HIV infection and when to initiate antiretroviral therapy (ART), as well as to monitor the effectiveness of that therapy over time. This makes it a vital indicator for managing HIV care and ensuring that the patient's immune system remains as robust as possible. While other factors mentioned in the options relate to HIV management, they do not accurately describe the primary role of the CD4 count in understanding the patient's immune status. For instance, viral load measures the amount of HIV in the blood, not the immune function; treatment side effects are generally not assessed through CD4 counts directly; and age can influence immune response but is not a reflection specifically indicated by the CD4 count itself. Therefore, the focus on immune system function captures the essence

4. What is the most appropriate action for a nurse when a patient requests an HIV test after discussing her sexual history?

A. Provide counseling and arrange for an HIV test

B. Get a CD4 cell count to determine the need for testing

C. Explain that the expense of the HIV test is unjustified

D. Get a viral polymerase chain reaction (PCR) test to assess HIV status

Providing counseling and arranging for an HIV test is the most appropriate action in this scenario. When a patient expresses a desire for an HIV test, it is essential for the nurse to first offer counseling to help the patient understand the implications of testing, including potential emotional and health-related impacts. This approach also ensures that the patient feels supported and informed about the process and outcomes of the testing. Additionally, facilitating the HIV test aligns with the standard of care, particularly in populations at risk or in response to concerns raised during discussions about sexual history. It promotes early detection and timely intervention, which can significantly improve health outcomes for individuals living with HIV. Conducting a CD4 cell count or a viral PCR test prior to the patient's request would not be appropriate responses at this initial stage, as these tests serve different purposes. A CD4 count is typically used to monitor the immune status of an HIV-infected individual rather than for screening purposes. The viral PCR test is also used for specific assessments, such as diagnosing HIV in certain situations, but not as a first-line screening in response to a patient's request for an HIV test. Addressing the issue of expense without facilitating the patient's request may stall necessary care and support.

SAMPLE

5. What is the goal of "treatment as prevention" in HIV management?

A. To increase the CD4 count

B. To completely eliminate the virus

C. To reduce the risk of transmission when viral load is undetectable

D. To alleviate symptoms of infection

The concept of "treatment as prevention" (TasP) is primarily focused on reducing the risk of HIV transmission to others by achieving and maintaining an undetectable viral load in individuals living with HIV. When a person with HIV is effectively treated with antiretroviral therapy (ART), their viral load can become undetectable. At this level, the risk of transmitting the virus during sexual contact is effectively zero, according to the U=U (Undetectable = Untransmittable) consensus. This approach not only promotes the health of the individual by helping to keep them well but also contributes significantly to public health efforts aimed at controlling and ultimately preventing the spread of HIV. While increasing CD4 counts, eliminating the virus, and alleviating symptoms are important aspects of overall HIV management, they are not the primary goal of TasP. The focal point of this strategy is to engage in effective treatment to safeguard the health of both the individual with HIV and their potential partners.

6. What may be a key consideration for ACRNs when treating patients with HIV?

A. Patient preferences for treatment methods

B. Availability of health insurance

C. The patient's age at diagnosis

D. All of the above

Patient preferences for treatment methods are essential in providing person-centered care, particularly when treating patients with HIV. Involving patients in decision-making respects their autonomy and encourages adherence to treatment. By understanding patients' values, beliefs, and concerns regarding different treatment options, ACRNs can tailor interventions that align with the individual's lifestyle, thereby improving health outcomes and satisfaction with care. While the availability of health insurance and the patient's age at diagnosis are also important factors to consider in the overall management of HIV, they do not hold the same weight as the patient's preferences in guiding the treatment process. These factors may impact access to healthcare and the type of treatments available, but truly individualized care hinges on understanding and incorporating what the patient prefers regarding their treatment choices. Thus, prioritizing patient preferences can lead to more effective and responsive care for individuals living with HIV.

SAMPLE

7. What is the most important nursing response for a client with a newly established AIDS diagnosis and vague thoughts about suicide?

A. Arrangement for constant observation

B. Referral for antidepressant medication

C. Further assessment for suicidal risk

D. Immediate referral to psychiatric clinician

The most important nursing response for a client with a newly established AIDS diagnosis who is experiencing vague thoughts about suicide is further assessment for suicidal risk. This step is critical because it allows for a more comprehensive understanding of the client's mental state, the severity of their suicidal thoughts, and any immediate risks that may be present. In cases involving suicidal ideation, it is essential to gather detailed information regarding the frequency, intensity, and duration of these thoughts, as well as any plan the client may have for self-harm. Understanding these factors can help the nurse determine the level of intervention required and whether the situation necessitates immediate action or ongoing support. While constant observation, referral for medication, or psychiatric clinician interventions are important aspects of care, they are predicated on the results of a thorough risk assessment. Assessing suicidal risk allows the healthcare provider to tailor an appropriate response to the client's specific needs, ensuring that they receive the appropriate level of care and intervention based on their current state. This initial assessment serves as the foundation for any subsequent interventions, making it the most crucial first step in addressing the client's safety and overall well-being.

8. Which of the following is a common opportunistic infection in AIDS patients?

A. Pneumonia

B. Influenza

C. Common cold

D. Bronchitis

Pneumonia is a common opportunistic infection in patients with AIDS due to their compromised immune systems. Individuals with AIDS have a significantly reduced ability to fight off infections, making them more susceptible to diseases that typically wouldn't affect a person with a healthy immune system. Specifically, Pneumocystis pneumonia (PCP) is one of the most well-known opportunistic infections associated with AIDS. It is caused by the fungus Pneumocystis jirovecii, which often takes advantage of an immunocompromised host, such as someone with AIDS, to cause severe respiratory illness. In contrast, influenza and the common cold are caused by viruses that can affect anyone, regardless of their immune status, and are not specifically considered opportunistic infections. Bronchitis, while it can occur in individuals with weakened immunity, is not classified as an opportunistic infection in the same way that pneumonia is for AIDS patients. Understanding the nature of opportunistic infections and how they relate to the severity of immunosuppression in AIDS is critical for effective patient care and treatment strategies.

SAMPLE

9. A patient with AIDS who tests positive on the Quantiferon Gold test should be?

A. Evaluated for pulmonary tuberculosis

B. Evaluated for treatment of Hepatitis C

C. Treated for pneumocystis jiroveci

D. Placed in reverse isolation when hospitalized

Testing positive on the Quantiferon Gold test suggests that the patient has been exposed to the bacterium that causes tuberculosis (TB). This is particularly significant for individuals with compromised immune systems, such as those with AIDS, as they are at a higher risk for both latent and active TB infections. Following a positive result from this test, it is vital to evaluate the patient for pulmonary tuberculosis as part of the standard protocol. This evaluation could include a thorough assessment of clinical symptoms, physical examination, chest radiography, and potentially a sputum examination to confirm whether active TB is present. Given the serious nature of TB and the potential for rapid deterioration in immunocompromised individuals, timely diagnosis and management are crucial. While other options may be relevant in different contexts of HIV management, they do not directly address the immediate implications of a positive Quantiferon Gold test. Therefore, evaluating the patient for pulmonary tuberculosis is the most appropriate clinical response in this scenario.

10. What does PEP stand for, and when is it used?

A. Post-Exposure Prophylaxis; used after potential HIV exposure to prevent infection

B. Periodic Evaluation of Patients; used for routine check-ups

C. Pediatric Emergency Protocol; used for children with HIV

D. Public Education Program; aimed at raising awareness

PEP stands for Post-Exposure Prophylaxis, and it is specifically used after a potential exposure to HIV to prevent the virus from taking hold in the body. This is a critical intervention for individuals who have had a high-risk exposure, such as unprotected sexual contact with someone who is HIV positive, occupational exposure in healthcare settings, or sharing needles. PEP involves taking antiretroviral medications as soon as possible after the exposure—ideally within 72 hours. The treatment typically lasts for 28 days and is most effective when initiated promptly. The other options do not accurately describe the term PEP in relation to its use in HIV prevention. The Periodic Evaluation of Patients refers to routine assessments that are not specific to HIV exposure and does not impact infection prevention. Pediatric Emergency Protocol would pertain to emergency procedures in children, rather than addressing post-exposure scenarios related to HIV. Lastly, a Public Education Program relates to awareness initiatives and education about HIV but is not connected to the medical intervention of preventing infection after an exposure incident.

SAMPLE

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://acrn.examzify.com

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

SAMPLE