ANCC ADULT–GERONTOLOGY ACUTE CARE NURSE PRACTITIONER CERTIFICATION (AGACNP) 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 symptom is NOT associated with serotonin syndrome?

A. Agitation

B. Hypotension

C. Hallucinations

D. Twitching

2. What are the initial symptoms of acetaminophen intoxication?

A. Severe headache and dizziness

B. Nausea and vomiting with RUQ pain

C. Diarrhea and abdominal cramping

D. Visual disturbances and confusion

3. Which of the following medications is an example of a Schedule IV drug?

A. Oxycodone

B. Benzodiazepines

C. Pentobarbital

D. Hydromorphone

4. What is the primary treatment for Immune Thrombocytopenic Purpura (ITP)?

A. Antibiotics

B. Anticoagulants

C. Steroids and IV gamma globulin

D. Platelet transfusion

5. What are common uses for ginger, and what should be monitored?

A. Headaches, increased appetite

B. Nausea, increased heart rate

C. Nausea, dyspepsia, constipation

D. Fatigue, anxiety

6. What is a primary function of the Glossopharyngeal nerve?

A. Control of most facial expressions

B. Taste and swallowing

C. Lateral eye movement

D. Mouth and face touch

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7. In emphysema, what is typically observed in pulmonary function tests?

A. Decreased lung volume

B. Normal DLCO

C. Increased FEV1/FVC ratio

D. Decreased DLCO

8. Which laboratory tests are important for diagnosing von Willebrand's disease?

A. Complete blood count and blood culture

B. aPTT, Pt, and factor VIII:C activity

C. Electrolytes and liver function tests

D. Platelet function assay only

9. Which vitamin deficiencies may occur in patients with cystic fibrosis?

A. Vitamin B12, Iron, Calcium

B. Vitamin D, E, A, K

C. Vitamin C, D, E

D. Vitamin A, B, C

10. What symptom is commonly associated with pheochromocytoma?

A. Weight gain

B. Severe hypertension

C. Low blood pressure

D. Bradycardia

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Answers

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

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Explanations

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1. Which symptom is NOT associated with serotonin syndrome?

A. Agitation

B. Hypotension

C. Hallucinations

D. Twitching

Hypotension is indeed not typically associated with serotonin syndrome. In fact, serotonin syndrome more commonly leads to symptoms such as agitation, hallucinations, and neuromuscular symptoms like twitching. Serotonin syndrome is a potentially life-threatening condition resulting from excessive serotonergic activity in the central nervous system, frequently due to the use of medications that increase serotonin levels. Common symptoms include cognitive disturbances, such as agitation and hallucinations, as well as neuromuscular hyperactivity, which can manifest as twitching or tremors. On the other hand, hypotension is not characteristic of serotonin syndrome. In many cases, patients may actually experience hypertension due to increased sympathetic nervous system activity. Recognizing the hallmark symptoms of serotonin syndrome is crucial for effective diagnosis and intervention.

2. What are the initial symptoms of acetaminophen intoxication?

A. Severe headache and dizziness

B. Nausea and vomiting with RUQ pain

C. Diarrhea and abdominal cramping

D. Visual disturbances and confusion

The initial symptoms of acetaminophen intoxication predominantly include nausea, vomiting, and right upper quadrant (RUQ) pain. These symptoms arise due to the liver's response to the elevated acetaminophen levels and the subsequent hepatotoxic effects. During the early stage of intoxication, the body attempts to process and eliminate the excessive acetaminophen, leading to gastrointestinal distress as a common manifestation. RUQ pain specifically relates to liver involvement, where inflammation or damage may begin as acetaminophen metabolites overwhelm the liver's normal metabolic processes. Understanding acetaminophen toxicity is crucial for effective management and treatment. The timing of symptom onset, typically occurring within the first 24 hours after ingestion, highlights the importance of recognizing these signs early to prevent more severe damage that can lead to acute liver failure. Other options, while they may be indicative of different medical conditions, do not accurately portray the classic early signs of acetaminophen overdose.

3. Which of the following medications is an example of a Schedule IV drug?

A. Oxycodone

B. Benzodiazepines

C. Pentobarbital

D. Hydromorphone

Benzodiazepines are indeed classified as Schedule IV drugs under the Controlled Substances Act. This classification is based on their low potential for abuse relative to substances classified as Schedule I, II, or III drugs. While benzodiazepines can lead to physical dependence and have the potential for misuse, they are typically considered to have a lower risk compared to higher schedule drugs. In the context of pharmacology and substance control, Schedule IV drugs include substances that are generally accepted for medical use and have a lower potential for addiction. Benzodiazepines, which are commonly prescribed for anxiety, insomnia, and muscle spasms, fall into this category due to their therapeutic benefits and relatively lower risk of serious liabilities when used appropriately. Oxycodone and hydromorphone are classified as Schedule II drugs, indicating a higher potential for abuse and more stringent regulations concerning their prescription and availability. Pentobarbital is typically classified as a Schedule II or III drug, depending on its formulation and use. Thus, they do not fit the criteria of a Schedule IV drug.

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4. What is the primary treatment for Immune Thrombocytopenic Purpura (ITP)?

A. Antibiotics

B. Anticoagulants

C. Steroids and IV gamma globulin

D. Platelet transfusion

The primary treatment for Immune Thrombocytopenic Purpura (ITP) involves the use of steroids and IV gamma globulin. This approach is effective because it addresses the underlying autoimmune aspect of ITP, where the immune system mistakenly targets and destroys platelets. Steroids, such as prednisone, work by suppressing the immune response, which helps to reduce the destruction of platelets in the spleen and bone marrow. Intravenous gamma globulin (IVIG) can be administered to raise platelet counts quickly, particularly in cases of severe thrombocytopenia or in preparation for surgical procedures. The combination of these treatments aims to restore the platelet count and provide more immediate symptom relief. Other treatment options, like antibiotics and anticoagulants, are not appropriate for ITP as they do not target the underlying condition. Antibiotics are used to fight infections, and anticoagulants are intended to prevent blood clots, which can be counterproductive in a patient with a low platelet count. Platelet transfusions are generally not indicated for ITP because they may be rapidly destroyed by the immune system as well, making them ineffective in increasing platelet levels in this specific condition.

5. What are common uses for ginger, and what should be monitored?

A. Headaches, increased appetite

B. Nausea, increased heart rate

C. Nausea, dyspepsia, constipation

D. Fatigue, anxiety

The common uses for ginger primarily include its effectiveness in alleviating nausea, which can be associated with various conditions such as motion sickness, postoperative nausea, and morning sickness during pregnancy. Ginger has also been noted for its role in reducing dyspepsia, a term for indigestion that can cause discomfort and a feeling of fullness. Additionally, it may help in alleviating constipation by promoting gastrointestinal motility. When using ginger for these purposes, it is important to monitor for possible gastrointestinal side effects, such as abdominal discomfort or diarrhea, particularly in individuals who may be sensitive to its effects. Monitoring for dyspepsia can help ensure that the use of ginger is advantageous rather than leading to increased gastrointestinal discomfort. This monitoring is vital in both acute care and outpatient settings to ensure patient safety and optimize treatment outcomes. The other options do not accurately reflect the most common uses of ginger or the necessary monitoring considerations associated with its use. While ginger can help with nausea, it is not typically associated with increased heart rate or appetite, nor does it have a primary role in addressing issues like headaches or mental health symptoms such as anxiety and fatigue.

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6. What is a primary function of the Glossopharyngeal nerve?

A. Control of most facial expressions

B. Taste and swallowing

C. Lateral eye movement

D. Mouth and face touch

The primary function of the Glossopharyngeal nerve, which is cranial nerve IX, revolves around taste and swallowing. This nerve is responsible for providing sensory taste information from the posterior one-third of the tongue as well as contributing to the swallow reflex. It is also involved in the autonomic control of the parotid salivary gland, which aids in the digestion process. This choice highlights the nerve's dual role in both sensory and motor functions, specifically in the context of the oropharynx, which is essential for the process of swallowing and tasting. The involvement of this nerve is critical for the coordination of these activities, making it a key player in the functioning of the digestive system from a neurological perspective.

7. In emphysema, what is typically observed in pulmonary function tests?

A. Decreased lung volume

B. Normal DLCO

C. Increased FEV1/FVC ratio

D. Decreased DLCO

In emphysema, pulmonary function tests typically reveal a decreased diffusing capacity for carbon monoxide (DLCO). This is due to the destruction of alveolar walls and the associated loss of surface area available for gas exchange. As emphysema progresses, the integrity of the alveolar-capillary membrane is compromised, leading to a reduction in the efficiency of gas exchange and a subsequent decrease in DLCO. The decreased diffusing capacity indicates that the lung's ability to transfer gases from the alveoli into the bloodstream is impaired, which is a hallmark of emphysema. This contrasts with normal DLCO, which would suggest that gas exchange effectiveness has not been significantly compromised. In terms of lung volumes, emphysema typically leads to increased lung volumes due to air trapping, particularly noted in total lung capacity (TLC) and residual volume (RV), making the observation of decreased lung volume incorrect in this context. Additionally, the FEV1/FVC ratio is typically decreased in emphysema, reflecting obstructive patterns of airflow limitation rather than an increase. Therefore, understanding the pulmonary function test outcomes is crucial for the diagnosis and management of emphysema, and recognizing that decreased DLCO is an important feature of this condition helps clarify the physiological implications of the

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8. Which laboratory tests are important for diagnosing von Willebrand's disease?

A. Complete blood count and blood culture

B. aPTT, Pt, and factor VIII:C activity

C. Electrolytes and liver function tests

D. Platelet function assay only

The key tests for diagnosing von Willebrand's disease include activated partial thromboplastin time (aPTT), prothrombin time (PT), and factor VIII:C activity. aPTT is particularly significant because von Willebrand's disease often correlates with prolonged aPTT due to the involvement of factor VIII, which is stabilized by von Willebrand factor. In individuals with von Willebrand's disease, the levels of factor VIII activity may be reduced, which is crucial for effective blood clotting. Using PT also provides context for differentiating between various coagulopathies, even though as a primary test it is usually normal in von Willebrand's disease. The status of factor VIII:C activity is directly linked to the function of von Willebrand factor in the coagulation cascade, and abnormal levels often point toward von Willebrand's disease. The other tests mentioned do not provide relevant information for diagnosing this specific condition. A complete blood count and blood culture are not specific to assessing von Willebrand's disease; they will not indicate the disorder. Electrolytes and liver function tests also do not provide insight into the coagulation factors associated with von Willebrand's disease. A platelet function assay is useful but is insufficient on its own to diagnose

9. Which vitamin deficiencies may occur in patients with cystic fibrosis?

A. Vitamin B12, Iron, Calcium

B. Vitamin D, E, A, K

C. Vitamin C, D, E

D. Vitamin A, B, C

Patients with cystic fibrosis often experience malabsorption of nutrients due to pancreatic insufficiency, which significantly impacts the absorption of fat-soluble vitamins. The vitamins that are most commonly deficient in these patients are vitamins D, E, A, and K. Vitamin D is crucial for calcium absorption and maintaining bone health, while vitamin E acts as an antioxidant, protecting cells from damage. Vitamin A is vital for vision and immune function, and vitamin K is essential for proper blood clotting. The malabsorption issues associated with cystic fibrosis lead to deficiencies in these fat-soluble vitamins, making them critical to monitor and supplement as necessary in this patient population. Other options include vitamins and minerals that might not have a direct correlation with cystic fibrosis-related malabsorption. For example, while vitamin B12 and iron can be important in various contexts, they are not primary concerns related to cystic fibrosis. Thus, the correct answer highlights the specific vitamin deficiencies that are directly linked to the condition's effects on nutrient absorption.

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10. What symptom is commonly associated with pheochromocytoma?

A. Weight gain

B. Severe hypertension

C. Low blood pressure

D. Bradycardia

Severe hypertension is commonly associated with pheochromocytoma due to the tumor's production of catecholamines, such as epinephrine and norepinephrine. These catecholamines are involved in the body's "fight or flight" response, leading to increased heart rate, constriction of blood vessels, and elevated blood pressure. Patients with pheochromocytoma may experience episodes of paroxysmal hypertension, during which blood pressure can rise significantly and abruptly, often accompanied by symptoms such as headache, palpitations, and sweating. The characteristic symptoms arise from the sustained stimulation of the cardiovascular system, resulting in persistent or episodic hypertension that can be markedly severe. Managing these hypertensive episodes is crucial in the clinical management of patients diagnosed with pheochromocytoma. Understanding this condition's pathophysiology helps in recognizing related symptoms and guides clinical interventions.

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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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