

NR667 FNP CAPSTONE PRACTICUM & INTENSIVE EXIT PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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

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- 1. Olfactory hallucinations are most classically associated with which condition?**
 - A. Schizophrenia
 - B. Generalized anxiety disorder
 - C. Major depressive disorder
 - D. Alzheimer's disease
- 2. In evaluating palpitations, which test is typically performed first?**
 - A. ECG
 - B. Echocardiogram
 - C. Basic metabolic profile
 - D. Chest X-ray
- 3. Metformin, the standard first-line therapy for type 2 diabetes, commonly causes which gastrointestinal side effect?**
 - A. Hypoglycemia
 - B. Diarrhea
 - C. Weight gain
 - D. Lactic acidosis
- 4. In management of a suspected deep vein thrombosis, which statement about warfarin therapy is correct?**
 - A. Warfarin should be started alone and INR target is 1.0
 - B. Enoxaparin bridging until INR over 2.0
 - C. Enoxaparin is never used with warfarin
 - D. INR should be kept below 2.0 during therapy
- 5. A 19-year-old on Bactrim develops widespread painful erythema like first-degree burns on ~18% BSA. Which disease is likely?**
 - A. Stevens-Johnson syndrome
 - B. Toxic Epidermal Necrolysis
 - C. Erythema multiforme
 - D. Toxic shock syndrome

- 6. Which symptom is commonly associated with hyperthyroidism?**
- A. Tremor
 - B. Cold intolerance
 - C. Heat intolerance
 - D. Weight gain
- 7. An 8-year-old female with fear of abandonment, intense relationships, recurrent self harm. Which diagnosis fits best?**
- A. Histrionic personality disorder
 - B. Avoidant personality disorder
 - C. Borderline personality disorder
 - D. Narcissistic personality disorder
- 8. Acanthosis nigricans is associated with which exam finding?**
- A. Peripheral edema
 - B. Hyperglycemia
 - C. Lymphadenopathy
 - D. Central obesity
- 9. A patient had a thymectomy and was diagnosed with 'whole-body weakness.' Which diagnosis is most likely?**
- A. Myasthenia gravis
 - B. Guillain-Barré syndrome
 - C. Lambert-Eaton syndrome
 - D. Multiple sclerosis
- 10. Which finding would you NOT expect to observe in a patient with Cushing's disease?**
- A. Low body temperature
 - B. Weight gain
 - C. Hypertension
 - D. Hyperglycemia

Answers

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

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Explanations

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1. Olfactory hallucinations are most classically associated with which condition?

- A. Schizophrenia**
- B. Generalized anxiety disorder
- C. Major depressive disorder
- D. Alzheimer's disease

Olfactory hallucinations are a type of psychotic symptom where a person smells odors that aren't present. This kind of sensory misattribution fits best with schizophrenia, reflecting how psychosis can distort perception across senses and lead to experiences that feel externally real. In schizophrenia, smells may accompany other psychotic features like delusions or disorganized thinking, illustrating widespread disruption of how the brain processes sensory information. These aren't typical of generalized anxiety disorder or major depressive disorder, where true hallucinations are not characteristic and, if they occur, are usually unrelated to the core mood symptoms. Alzheimer's disease can involve perceptual disturbances in later stages, but olfactory hallucinations are not a classic or defining feature; early olfactory changes tend to be about smell identification or discrimination rather than true hallucinations.

2. In evaluating palpitations, which test is typically performed first?

- A. ECG
- B. Echocardiogram
- C. Basic metabolic profile**
- D. Chest X-ray

Palpitations are frequently driven by reversible metabolic factors, so starting with a basic metabolic panel makes sense as a broad, quick screen. The BMP checks electrolytes such as potassium, calcium, and magnesium, as well as glucose and kidney function. Imbalances in these areas are common culprits behind palpitations and can precipitate arrhythmias or ectopy. Detecting and correcting such issues early can resolve symptoms or prevent progression, which is why this test is often ordered first in a primary care or urgent care evaluation. An ECG is still essential and is typically performed promptly to assess the current rhythm, rate, and conduction abnormalities, but it serves more as a focused assessment of cardiac electrical activity rather than a broad screen for metabolic contributors. An echocardiogram looks at heart structure and function, useful if structural disease is suspected. A chest X-ray is helpful when there are respiratory symptoms or concerns about heart failure or other thoracic pathology, but it doesn't directly screen for the common metabolic triggers of palpitations. So the basic metabolic panel is prioritized first because it quickly reveals treatable metabolic abnormalities that commonly underlie palpitations, guiding immediate management and subsequent cardiac follow-up.

3. Metformin, the standard first-line therapy for type 2 diabetes, commonly causes which gastrointestinal side effect?

- A. Hypoglycemia
- B. Diarrhea**
- C. Weight gain
- D. Lactic acidosis

The main concept here is the safety profile of metformin, specifically its gastrointestinal tolerability. Metformin commonly causes gastrointestinal upset, with diarrhea being the most frequent complaint, especially when therapy starts. This is a well-known, early-onset side effect that often improves over time or with slower dose escalation. Metformin lowers blood glucose primarily by reducing hepatic glucose production and improving insulin sensitivity, not by increasing insulin release, so hypoglycemia is not typical. It is generally weight neutral and can even be associated with modest weight loss, rather than weight gain. Lactic acidosis is a rare but serious risk that occurs mainly in people with significant kidney, liver, or alcohol-related risk factors; it is not a common side effect in the general population taking metformin. In practice, starting at a low dose with meals or using an extended-release form can reduce GI symptoms while the body adjusts.

4. In management of a suspected deep vein thrombosis, which statement about warfarin therapy is correct?

- A. Warfarin should be started alone and INR target is 1.0
- B. Enoxaparin bridging until INR over 2.0**
- C. Enoxaparin is never used with warfarin
- D. INR should be kept below 2.0 during therapy

Starting warfarin for a suspected DVT requires covering the initial period with a faster-acting anticoagulant. Warfarin takes several days to reach a therapeutic effect, and early in therapy there is a transient decrease in protein C that can paradoxically increase clotting risk. Using enoxaparin as a bridge provides immediate anticoagulation while warfarin is building its effect, and you continue that bridging until the INR reaches the therapeutic range, typically around 2.0 to 3.0. Therefore, continuing enoxaparin until the INR is above 2.0 ensures ongoing protection against clot progression as warfarin becomes effective. Starting warfarin alone with an INR of 1.0 would leave the patient under-anticoagulated in that critical period. Enoxaparin is not never used with warfarin; it is the standard bridging approach. The goal is to maintain an INR in the therapeutic range rather than keeping it below 2.0, which would be subtherapeutic and increase the risk of progression or recurrence.

5. A 19-year-old on Bactrim develops widespread painful erythema like first-degree burns on ~18% BSA. Which disease is likely?

- A. Stevens-Johnson syndrome**
- B. Toxic Epidermal Necrolysis
- C. Erythema multiforme
- D. Toxic shock syndrome

Severe drug-induced mucocutaneous reaction is the pattern being tested, with a classic trigger and presentation. Sulfonamide antibiotics like trimethoprim-sulfamethoxazole commonly precipitate Stevens-Johnson syndrome, which presents after drug exposure with widespread painful erythema that can resemble burns and involves mucous membranes. This combination of a drug trigger, a dramatic skin eruption, and mucosal involvement makes Stevens-Johnson syndrome the best fit among the options. Erythema multiforme tends to show targetoid lesions with less extensive mucosal disease; toxic shock syndrome presents with systemic symptoms such as high fever and hypotension rather than primarily epidermal necrosis; toxic epidermal necrolysis involves much more extensive skin detachment (typically >30% of BSA) and is a more extreme end of the spectrum. So, the scenario aligns most closely with Stevens-Johnson syndrome.

6. Which symptom is commonly associated with hyperthyroidism?

- A. Tremor
- B. Cold intolerance
- C. Heat intolerance**
- D. Weight gain

Hyperthyroidism boosts the body's baseline metabolic rate, producing more internal heat. That excess heat makes people feel uncomfortably hot and sweat easily because the body has to work harder to dissipate the heat. While tremor can occur from increased sympathetic activity, heat intolerance is the more characteristic symptom of hyperthyroidism. In contrast, cold intolerance and weight gain are more typical of hypothyroidism, and hyperthyroidism more often causes weight loss due to the accelerated metabolism.

7. An 8-year-old female with fear of abandonment, intense relationships, recurrent self harm. Which diagnosis fits best?

- A. Histrionic personality disorder
- B. Avoidant personality disorder
- C. Borderline personality disorder**
- D. Narcissistic personality disorder

The presented picture centers on a pattern of affective instability and relational turmoil driven by a fear of abandonment, with impulsive, self-harm behavior. This combination is most characteristic of borderline personality features, where relationships are intense and unstable and mood is highly reactive, often with self-injurious acts as a way to cope with emotional distress. The fear of abandonment fuels frantic efforts to avoid real or imagined separation, which leads to rapid shifts in how the person feels about others and themselves, producing a cycle of idealization and devaluation in close relationships. In contrast, the other options describe patterns that don't align with this specific mix of abandonment fear, unstable relationships, and self-harm as central features. For example, histrionic traits focus on dramatic, attention-seeking presentation; avoidant traits emphasize social inhibition and hypersensitivity to rejection without the same impulsive self-harm pattern; narcissistic traits center on an inflated self-view and lack of empathy rather than pervasive fear of abandonment paired with self-injury. While diagnosing borderline pathology in a child is nuanced and real-world assessment would consider developmental factors and trauma, the symptom cluster here fits best with borderline personality features. Therapy often focuses on emotion regulation and distress tolerance, such as dialectical behavior therapy, to address these core difficulties.

8. Acanthosis nigricans is associated with which exam finding?

- A. Peripheral edema
- B. Hyperglycemia
- C. Lymphadenopathy
- D. Central obesity**

Central obesity is the best match because acanthosis nigricans signals insulin resistance, which is closely tied to visceral fat accumulation. The dark, velvety patches seen in intertriginous areas arise from hyperinsulinemia driving skin cell proliferation via IGF-1-mediated pathways. Central obesity reflects this insulin-resistant state and metabolic syndrome, making it the most relevant exam finding. Peripheral edema, lymphadenopathy, and hyperglycemia don't fit as directly with this skin sign: edema and lymphadenopathy are unrelated to the typical presentation, and hyperglycemia can occur but is not the physical exam finding most characteristically associated.

9. A patient had a thymectomy and was diagnosed with 'whole-body weakness.' Which diagnosis is most likely?

- A. Myasthenia gravis
- B. Guillain-Barré syndrome
- C. Lambert-Eaton syndrome
- D. Multiple sclerosis

Thymus involvement points to an autoimmune neuromuscular junction disorder. In myasthenia gravis, antibodies disrupt the transmission of signals from nerve to muscle, causing fatigable weakness that can involve the whole body, and symptoms often worsen with activity and improve with rest. The thymus is frequently abnormal in MG (hyperplasia or thymoma), and thymectomy is a treatment option, so a history of thymectomy fits this condition and helps explain generalized weakness. Guillain-Barré syndrome tends to present as an acute, rapidly ascending weakness with areflexia after an infection, not specifically tied to thymus history. Lambert-Eaton syndrome involves weakness that improves with repeated use and is usually associated with an underlying malignancy like small cell lung cancer, rather than thymic disease. Multiple sclerosis is a central nervous system demyelinating disorder, not an autoimmune attack at the neuromuscular junction, and isn't linked to thymectomy.

10. Which finding would you NOT expect to observe in a patient with Cushing's disease?

- A. Low body temperature
- B. Weight gain
- C. Hypertension
- D. Hyperglycemia

Excess cortisol in Cushing's disease drives metabolic and cardiovascular changes rather than alterations in body temperature. Cortisol increases glucose production and promotes insulin resistance, leading to hyperglycemia. It also promotes sodium and water retention and increases vascular responsiveness, contributing to hypertension. Fat redistribution with central obesity and weight gain is another hallmark. Temperature regulation isn't typically affected by cortisol excess, so a low body temperature would not be expected; fever would point more toward an infection rather than a direct feature of Cushing's.

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://nr667exit.examzify.com>

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

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