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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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. A patient with acute bronchitis presents with foul-smelling sputum. What should the nurse practitioner prescribe?

A. Theophylline

B. A PCN antibiotic

C. An inhalable corticosteroid

D. A macrolide antibiotic

2. A 10-month-old child shows a cluster of tiny white papules on the buccal mucosa. What condition might this indicate?

A. Scarlet fever

B. Rubella

C. Erythema infectiosum

D. Measles

3. Which tests are used to evaluate an Anterior Cruciate Ligament (ACL) injury?

A. Lachman test and McMurray Sign

B. Posterior drawer sign and Lachman test

C. Anterior Drawer sign and Lachman test

D. Varus and Valgus stress tests

4. What type of drugs are commonly associated with weight gain?

A. Beta-blockers

B. Tricyclic antidepressants

C. ACE inhibitors

D. Antihistamines

5. What should be the follow-up plan for a 12-month old child with fluid levels in one ear after prior otitis media treatment?

A. Consultation with an audiologist

B. Prescription for an oral decongestant

C. Follow-up evaluation of the ears in 2 months

D. Referral to an ENT specialist for surgical consultation

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6. In which disease might you expect to see decreased thumb movement?

A. Arthritis

B. Carpal tunnel syndrome

C. De Quervain's tenosynovitis

D. Tendinitis

7. Which organisms are most commonly found in fresh dog bite wounds?

A. Escherichia coli and Staphylococcus

B. Staphylococcus and Pasteurella multocida

C. Streptococcus and Clostridium

D. Klebsiella and Pseudomonas

8. Which statement regarding a medication regimen for a 67-year-old with multiple conditions is correct?

A. The glipizide will increase the risk of potassium depletion.

B. The digoxin will increase the risk of hypoglycemia.

C. The HCTZ will predispose the patient to Digoxin toxicity.

D. The atorvastatin will worsen the diabetes.

9. Which of the following is a normal response when assessing the cremasteric reflex in males?

A. Immediate contraction of the rectus abdominis

B. Immediate contraction of the cremaster muscle

C. Relaxation of the cremaster muscle

D. No response

10. Which of the following symptoms could be related to diabetes?

A. Weight gain

B. Muscle spasms

C. Weight loss

D. Joint swelling

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Answers

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

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Explanations

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1. A patient with acute bronchitis presents with foul-smelling sputum. What should the nurse practitioner prescribe?

A. Theophylline

B. A PCN antibiotic

C. An inhalable corticosteroid

D. A macrolide antibiotic

In cases of acute bronchitis, particularly when presented with foul-smelling sputum, it is important to consider the possibility of a bacterial infection, such as those caused by atypical bacteria that can lead to increased sputum production with a distinct odor. The use of a macrolide antibiotic is appropriate in this context due to its effectiveness against a range of pathogens, especially atypical bacteria like Mycoplasma pneumoniae and Chlamydophila pneumoniae, which are common in bronchitis cases and can produce foul-smelling sputum. Macrolides, such as azithromycin or clarithromycin, are often chosen because they not only target these atypical organisms but also have good penetration into the respiratory tissues and fewer side effects compared to other classes of antibiotics. This makes them suitable for treating acute bronchitis symptoms in patients presenting with these specific clinical signs. In contrast, other options may not be as effective in this situation. Theophylline is primarily used for chronic conditions like asthma or COPD, not for acute bronchitis presenting with bacterial signs. A PCN (penicillin) antibiotic may not cover the atypical pathogens effectively, as it primarily works against typical bacterial infections. An inhalable corticosteroid is focused on reducing inflammation in chronic

2. A 10-month-old child shows a cluster of tiny white papules on the buccal mucosa. What condition might this indicate?

A. Scarlet fever

B. Rubella

C. Erythema infectiosum

D. Measles

The presence of tiny white papules on the buccal mucosa in a 10-month-old child is indicative of Koplik spots, which are a classic sign of measles. Koplik spots appear 1 to 2 days before the onset of the measles rash and are considered pathognomonic for the disease. They typically present as small, irregularly shaped, white spots with a red halo, located on the buccal mucosa. Measles is a highly contagious viral infection that can cause severe complications, especially in young children. Understanding this manifestation is crucial for early diagnosis and intervention. In contrast, the other conditions listed do not typically cause Koplik spots. Scarlet fever is characterized by a red rash and a "strawberry" tongue rather than white papules. Rubella, while it can occur in children, does not present with buccal mucosal changes but rather with rash and mild systemic symptoms. Erythema infectiosum, commonly known as fifth disease, is associated with a "slapped cheek" appearance and does not feature the oral manifestations seen with measles. Recognizing the signs and symptoms particular to measles can facilitate prompt identification and management in pediatric patients.

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3. Which tests are used to evaluate an Anterior Cruciate Ligament (ACL) injury?

A. Lachman test and McMurray Sign

B. Posterior drawer sign and Lachman test

C. Anterior Drawer sign and Lachman test

D. Varus and Valgus stress tests

The Lachman test and the Anterior Drawer sign are commonly used tests for assessing an Anterior Cruciate Ligament (ACL) injury. The Lachman test is particularly sensitive for detecting ACL tears and is considered the gold standard test. It involves the clinician grasping the femur with one hand while pulling the tibia forward with the other. A significant forward movement of the tibia compared to the femur indicates a potential ACL injury. The Anterior Drawer sign tests the same anatomical region but involves a different technique, where the patient is supine and the clinician pulls the tibia anteriorly while stabilizing the foot. Increased anterior movement of the tibia compared to the femur suggests ACL instability. The other tests referenced in the other choices, while relevant for knee injuries, are specifically not the primary tests for ACL evaluation. The McMurray Sign is used for meniscal tears, while the Posterior Drawer sign assesses posterior cruciate ligament injuries. The Varus and Valgus stress tests are designed to evaluate the integrity of the collateral ligaments of the knee rather than the cruciate ligaments. Thus, the Anterior Drawer sign and the Lachman test are the most relevant and appropriate assessments for determining an ACL injury.

4. What type of drugs are commonly associated with weight gain?

A. Beta-blockers

B. Tricyclic antidepressants

C. ACE inhibitors

D. Antihistamines

Tricyclic antidepressants are commonly associated with weight gain due to several mechanisms. These medications can increase appetite and cause metabolic changes that lead to weight retention. Additionally, tricyclic antidepressants often influence neurotransmitter systems related to hunger and satiety, leading to increased food intake. While beta-blockers can also contribute to weight changes, their effect is generally more variable, and some individuals may not experience significant weight gain. ACE inhibitors are primarily used to manage hypertension and heart failure and are not typically linked to changes in weight. Antihistamines may cause sedation, which can lead to a less active lifestyle and potential weight gain but are not as prominently associated with it when compared to tricyclic antidepressants. Thus, tricyclic antidepressants stand out as the primary class known for their weight gain side effects.

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5. What should be the follow-up plan for a 12-month old child with fluid levels in one ear after prior otitis media treatment?

A. Consultation with an audiologist

B. Prescription for an oral decongestant

C. Follow-up evaluation of the ears in 2 months

D. Referral to an ENT specialist for surgical consultation

In the context of a 12-month-old child who has had prior treatment for otitis media and is currently presenting with fluid levels in one ear, a follow-up evaluation of the ears in 2 months is an appropriate approach. Monitoring the situation over a short period allows clinicians to assess whether the fluid resolves on its own, which is often the case in young children. Otitis media with effusion (OME) frequently resolves without aggressive intervention, particularly in children, and a 2-month follow-up is standard practice to determine if further action is necessary. This timeframe provides a balance between ensuring that the child's ear health is monitored while avoiding potential unnecessary treatments or referrals. If the fluid persists beyond this period or if the child exhibits worsening symptoms such as hearing loss or recurrent infections, then further evaluation, possibly leading to intervention or referral, can be considered. Other options may not be the best initial approach in this scenario. For example, a consultation with an audiologist is typically indicated if there are concerns regarding hearing loss but is not the first step when simply monitoring fluid levels. Prescribing an oral decongestant may not effectively resolve the fluid build-up as it does not directly address the underlying issue and is not typically recommended for young children in this context

6. In which disease might you expect to see decreased thumb movement?

A. Arthritis

B. Carpal tunnel syndrome

C. De Quervain's tenosynovitis

D. Tendinitis

De Quervain's tenosynovitis is characterized by inflammation of the tendons that control thumb movement, specifically the abductor pollicis longus and the extensor pollicis brevis. This condition often leads to pain and a decrease in the ability to perform delicate movements with the thumb, resulting in decreased thumb movement. Patients commonly report pain in the radial aspect of the wrist that can radiate to the thumb, and activities that involve grasping or pinching can intensify the discomfort. In contrast, arthritis can affect joint mobility and can be associated with pain and stiffness, but it does not specifically target the tendons responsible for thumb movement. Carpal tunnel syndrome involves compression of the median nerve and may cause numbness, tingling, and weakness in the hand, yet it does not inherently result in decreased movement of the thumb itself. Tendinitis refers to inflammation of various tendons and can cause pain, but it can affect any tendon and does not have a specific association with decreased thumb movement like De Quervain's tenosynovitis does. Therefore, the expectation of decreased thumb movement is most directly linked to De Quervain's tenosynovitis.

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7. Which organisms are most commonly found in fresh dog bite wounds?

A. Escherichia coli and Staphylococcus

B. Staphylococcus and Pasteurella multocida

C. Streptococcus and Clostridium

D. Klebsiella and Pseudomonas

Fresh dog bite wounds are primarily associated with specific types of bacteria that are commonly present in the oral flora of dogs. Staphylococcus species are frequently found in both human and canine skin and can be introduced into wounds through bites. Importantly, Pasteurella multocida is a significant pathogen associated with bites from cats and dogs, due to its prevalence in the mouths of these animals. It is known to cause rapid infections, making it a critical organism to consider in the context of bite wounds. The combination of Staphylococcus and Pasteurella multocida highlights the typical bacterial profile seen in fresh dog bites, emphasizing the potential for localized skin infections or more systemic complications if not properly treated. Understanding these common pathogens helps healthcare professionals determine appropriate antibiotic therapy and improve patient outcomes in bite wound management.

8. Which statement regarding a medication regimen for a 67-year-old with multiple conditions is correct?

A. The glipizide will increase the risk of potassium depletion.

B. The digoxin will increase the risk of hypoglycemia.

C. The HCTZ will predispose the patient to Digoxin toxicity.

D. The atorvastatin will worsen the diabetes.

The statement that the hydrochlorothiazide (HCTZ) will predispose the patient to digoxin toxicity is correct because thiazide diuretics like HCTZ can cause electrolyte imbalances, particularly hypokalemia (low potassium levels). When a patient is on digoxin, low potassium levels can increase the risk of digoxin toxicity. This is critical for older adults, especially those with multiple comorbidities, as the balance of electrolytes is vital for safe medication use. Patients taking digoxin require careful monitoring of their potassium levels because hypokalemia can enhance the effects of digoxin, increasing the risk of adverse effects such as arrhythmias. Therefore, the combination of HCTZ and digoxin necessitates increased vigilance for signs of toxicity, making this statement concerning their interaction particularly important in the management of a patient with multiple medical conditions.

9. Which of the following is a normal response when assessing the cremasteric reflex in males?

A. Immediate contraction of the rectus abdominis

B. Immediate contraction of the cremaster muscle

C. Relaxation of the cremaster muscle

D. No response

The appropriate response when assessing the cremasteric reflex in males is immediate contraction of the cremaster muscle. This reflex is elicited by gently stroking the skin on the inner thigh, which stimulates the sensory fibers associated with the ilioinguinal nerve. In response to this stimulus, the cremaster muscle, which surrounds the spermatic cord and testicle, contracts, drawing the testicle closer to the body. This reflex serves as a protective mechanism to regulate the temperature of the testes and protect them from injury. The other options provided do not accurately reflect the physiological response associated with the cremasteric reflex. Immediate contraction of the rectus abdominis does not occur as part of this reflex pathway. Relaxation of the cremaster muscle or no response would indicate an absent or impaired reflex, which is not the normal reaction expected during a proper assessment.

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10. Which of the following symptoms could be related to diabetes?

A. Weight gain

B. Muscle spasms

C. Weight loss

D. Joint swelling

In the context of diabetes, weight loss is a notable symptom that can occur, particularly in individuals with Type 1 diabetes or advanced Type 2 diabetes. This weight loss is often a result of the body's inability to utilize glucose effectively due to insufficient insulin or insulin resistance. As a consequence, the body starts to break down fat and muscle for energy, leading to unintentional weight loss. In individuals with diabetes, it is also common for increased urination (polyuria) and loss of fluids to contribute to this weight loss. This indicates that the condition is potentially severe enough to have metabolic implications that lead to a shift in the body's energy usage and composition. Understanding this symptom helps clinicians identify potential signs of undiagnosed diabetes or poorly controlled diabetes, which may require further evaluation and management strategies, such as medication adjustment, lifestyle changes, or more intensive diabetes education.

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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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