

**NURS 6550 FINAL EXAM – WALDEN UNIVERSITY
SUMMER 2018**

QUESTION 1

1. Mr. Jeffers was admitted 2 days ago for a carotid endarterectomy. A Foley catheter was inserted intraoperatively and remains in place. His urine output has declined markedly despite continued IV fluid infusion. Today his morning labs reveal a BUN of 19 mg/dL and a creatinine of 2 mg/dL. A leading differential includes:

- A Foley lodged in the urethra causing post-
. renal failure
- B Decreased renal perfusion causing prerenal
. failure
- C Age-related decreased eGFR causing
. prerenal failure
- D Post-surgical rhabdomyolysis causing
. intrarenal failure

1 points

QUESTION 2

1. Janet is admitted with symptomatic tachycardia. Her pulse is 160 b.p.m. and she is weak, diaphoretic, and anxious. Physical examination reveals a 5'4" 107 lb black female who is awake, alert, and oriented, anxious, with moist skin and racing pulse. Her blood pressure is 140/100 mm Hg. Temperature and respiratory rate are within normal limits. The patient admits to having a "thyroid condition" but she never followed up on it when she was advised to see an endocrinologist. The AGACNP anticipates a diagnosis of:

- A Hashimoto's
. thyroiditis
- B Cushing's
. syndrome
- C Grave's disease
- D Addison's disease

1 points

QUESTION 3

1. Systemic lupus erythematosus (SLE) is a multiorgan system autoimmune disorder that can present with a wide variety of manifestations. Which clinical triad should prompt an evaluation for SLE?

- A Fever, normal white count, elevated
. sedimentation rate

- B Hyperkalemia, hyponatremia, low blood pressure
- C Leukocytosis, hyperglycemia, hypokalemia
- D Joint pain, rash, fever

1 points

QUESTION 4

1. A patient presents with profound vertigo of acute onset yesterday. She can barely turn her head without becoming very vertiginous; she is nauseous and just doesn't want to move. This morning when she tried to get out of bed she felt like she was pushed back down. The vertigo is reproducible with cervical rotation. The patient denies any hearing loss or tinnitus, she has no fever or other symptoms. The AGACNP knows that the most helpful intervention will probably be:

- A Meclizine
- B Diazepam
- C Bed rest
- D Epley's maneuvers

1 points

QUESTION 5

1. Mrs. Mireya is an 85-year-old female who is admitted for evaluation of acute mental status change from the long term care facility. She is normally ambulatory and participates in lots of facility activities. Today a nursing assistant found her in her room, appearing confused and disconnected from her environment. When she tried to get up she fell down. Her vital signs are stable excepting a blood pressure of 90/60 mm Hg. The AGACNP knows that the most likely cause of her symptoms is:

- A Osteoarthritis
- B Drug or alcohol toxicity
- C Hypotension
- D Urosepsis

1 points

QUESTION 6

1. A patient with SIADH would be expected to demonstrate which pattern of laboratory abnormalities?

- A Serum Na+ 119 mEq/L, serum osmolality 240 mEq/L, urine Na+ of 28 mEq/L, urine osmolality of 900 mOsm/kg
- B Serum Na+ 152 mEq/L, serum osmolality 315 mEq/L, urine Na+ of 5 mEq/L, urine osmolality of 300 mOsm/kg
- C Serum Na+ 121 mEq/L, serum osmolality 290 mEq/L, urine Na+ of 7 mEq/L, urine osmolality of 850 mOsm/kg
- D Serum Na+ 158 mEq/L, serum osmolality 251 mEq/L, urine Na+ of 20 mEq/L, urine osmolality of 420 mOsm/kg

1 points

QUESTION 7

1. Sean is a 29-year-old male who presents to the emergency department for evaluation and treatment of foreign body in the eye. Ophthalmic anesthesia is achieved and removal is attempted unsuccessfully with a moist cotton tipped swab. A wet fluorescein stain is applied to the lower eyelid, and a corneal abrasion ruled out but the AGACNP notes a positive Seidel sign. This indicates:

- A Penetration of the cornea with resultant aqueous leak
- B A rust ring remnant due to metal foreign body
- C An elevated intraocular pressure
- D Paradoxical pupil dilation in response to light

1 points

QUESTION 8

1. Mrs. Lowen is an 82-year-old female who comes to the emergency department for evaluation of a fever of 102.9° F. She complains of a headache in the right side of her temple and some right-sided jaw pain. A urinalysis, chest radiograph, complete blood count (CBC) and 12-lead ECG are all non-contributory. A comprehensive metabolic panel is significant only for a slightly elevated BUN and creatinine. The AGACNP appreciates distinct right temple tenderness to percussion. Which laboratory test is necessary to support the suspected diagnosis?

- A An erythrocyte sedimentation rate
- B A white blood cell differential
- C Two sets of blood cultures
- D Echocardiography

1 points

QUESTION 9

1. Ms. Schiebel, a 31-year-old female who is brought to the emergency department by police after being arrested for disruptive behavior in a public establishment. The differential diagnosis includes drug and alcohol ingestion/toxicity, central nervous system disease, severe trauma, and psychotic illness; ultimately the alcohol and toxicology screen as well as head imaging are negative. When considering psychotic illness, the AGACP knows that this is a physiologic imbalance that typically involves an excess of:

- A Serotonin
- B Norepinephrine
- C Acetylcholine
- D Dopamine

1 points

QUESTION 10

1. Mr. Lincoln is a 55-year-old male who was admitted for management of sepsis secondary to pneumonia. He has declined rapidly, and today chest radiography demonstrates a diffuse, bilateral "white-out" appearance. His paO_2 is 55 mm Hg. In order to increase his oxygenation the AGACNP knows that which of the following interventions is indicated?

- A Increased FiO_2
- B Increased respiratory rate
- C Increased tidal volume
- D Increased PEEP

1 points

QUESTION 11

1. A 29-year-old female patient presents with a complaint of palpitations. Physical examination reveals an essentially healthy female with no significant medical history and no maintenance medications; the only thing she can report is that she had a head cold a week or so ago. The vital signs include a blood pressure of 139/90 mm Hg, pulse of 105 b.p.m., respiratory rate of 16 b.p.m. and a temperature of 98.6° F. The only abnormal finding on physical examination is diffuse anterior neck tenderness with thyroid palpation. The AGACNP considers which medication for symptom control?

- A Ibuprofen
- B Pseudoephedrine

- C Propranolol
- D Methimazole

1 points

QUESTION 12

1. Jennifer is an 18-year-old homeless female who was found unresponsive. She was admitted to the hospital for management of severe bleeding after a spontaneous abortion escalated to a uterine hemorrhage. An underlying infection and dehydration were corrected and nutritional supplements were started. Her volume status is stable, morning labs were all within normal limits and she is to be discharged today. When the AGACNP enters the room to prepare the patient for discharge, she finds her agitated, pale, and diaphoretic with vital signs to include a pulse of 105 bpm, respirations of 24 bpm, blood pressure of 110/76 mm Hg and a temperature is 97.9° F. The most appropriate action would be:

- A Order a CBC to assess for recurrent bleeding
- B Request and abdominal CT to assess for bleeding
- C Evaluate the patient for anxiety/panic attack
- D Prescribe alprazolam 1 mg now

1 points

QUESTION 13

1. Physical examination findings in a patient with pneumothorax is likely to reveal:
- A Increased tactile fremitus
 - B Low grade temperature
 - C Hyperresonance to percussion
 - D Egophony

1 points

QUESTION 14

1. Mr. Parker brings his 73-year-old wife to a clinic appointment because he is worried about her. She has a long history of hypertension and dyslipidemia, but he says she has taken medication for years and everything has been OK. His concern today is that for a long time she has been very forgetful, and he has tried to help her by keeping a strict routine around the house. Over the past few months, she just seems more and more forgetful, does not seem interested in doing anything, and now seems to be forgetting how to do simple everyday tasks. Yesterday she could not figure out which dollar bills to use at the store to pay the cashier. The AGACNP knows Mrs. Parker should first be screened for:

- A Depression
- B A brain tumor
- C Hypothyroidism
- D Adrenal dysfunction

1 points

QUESTION 15

1. M.R. is a 40-year-old female who has a known history of peptic ulcer disease. She has been admitted through the emergency room with a diagnosis of GI bleeding—she is vomiting dark blood and had a nasogastric tube placed. When attached to low intermittent suction it initially drained 400 cc of dark brown/black drainage, but now it is starting to drain lighter red colored blood. The AGACNP knows that immediate priorities of care include:

- A Ensuring hemodynamic stability
- B Beginning a parenteral proton pump inhibitor
- C Beginning gastric lavage
- D Ordering a gastrointestinal consult

1 points

QUESTION 16

1. A patient with sharp, stabbing chest pain directly over the precordium has a 12-lead ECG that demonstrates concave ST-T wave elevations in leads II, III, avR, avL, avF, and all six precordial leads. The AGACNP expects which physical finding?

- A A grade IV/VI systolic murmur with radiation to the axilla
- B A split S2 that increases with inspiration
- C A pericardial friction rub
- D An S4 heart sound

1 points

QUESTION 17

1. J.Q. is a 45-year-old male who had gastric bypass surgery 18 months ago. A CBC reveals a macrocytic anemia with a Hgb of 9.8 g/dL, HCT of 30%, MCV of 115 and RDW of 19%. The AGACNP suspects which type of anemia?

- A Iron deficiency
- B Sickle cell anemia
- C Pernicious anemia
- D Anemia of chronic disease

1 points

QUESTION 18

1. Megan K. is a 21-year-old female who presents complaining of irritated eyes. She says this happens a couple of times a year and this time it is really a problem. Both eyes are itchy and red and she has a lot of stringy discharge, especially at the end of the day. Her visual acuity is 20/25 OS, OD, and OU with her glasses on. Physical exam reveals injected conjunctiva bilaterally but there is no photophobia. Pupils are equal, round, briskly reactive, and accommodate. The AGACNP knows that immediate treatment should include ophthalmic application of:

- A Steroids
- B Antihistamine
- C Antibiotic
- D Cycloplegic

1 points

QUESTION 19

1. Ellen is a 61-year-old female who presents with a chief complaint of neck pain. The history of present illness reveals that Ellen felt as though a bug bit her behind the neck a few days ago. A day or two later it started to hurt, and when she began to pick at it she felt drainage come out. She is here now for evaluation. Physical exam reveals an 8 cm x 8 cm draining abscess in the right post auricular region with posterior cervical lymphadenopathy. Ellen has a temperature today of 101.9° F. The AGACNP knows that in addition to incision and drainage of the abscess, effective management must include:

- A Systemic antibiotics
- B Tetanus immune globulin
- C Tetanus toxoid
- D Antipyretics

1 points**QUESTION 20**

1. A 13-year-old male presents with a chief complaint of ear drainage. The patient and his mother both indicate that the patient has not had any pain or any systemic complaints, but the pus-like discharge from the ear is very persistent. According to Mom they went to a retail clinic two weeks ago and the patient was prescribed both oral antibiotics and ear drops, but it didn't help. Physical exam of the ear reveals a painless pinna; otoscope exam reveals only a large amount of mucopurulent drainage—the tympanic membrane could not be visualized. The AGACNP knows the diagnosis is most likely:

- A Acute otitis media
- B Acute otitis externa
- C Cholesteatoma
- D Otitis media with effusion

1 points**QUESTION 21**

1. A 71-year-old male patient with lung cancer is admitted for treatment of sepsis related to his chemotherapy-induced immunosuppression. He seems to be improving from an infectious perspective, but during today's assessment the AGACNP appreciates coarse rales in the lung fields, a blood pressure of 140-100 mm Hg, a bounding pulse, and trace pretibial edema. The urine output via Foley catheter has only been 100 mL in the last 8 hours. Suspicious for syndrome of inappropriate antidiuretic hormone (SIADH), the AGACNP orders a basic metabolic panel anticipating which of the following abnormalities?

- A Hypokalemia
- B Hypocalcemia
- C Hyponatremia
- D Hypochloremia

1 points**QUESTION 22**

1. A crescendo-decrescendo systolic murmur best appreciated at the second intercostal space, right sternal border with radiation to the carotid artery is most likely an indicator of:
- A Aortic stenosis
 - B Aortic regurgitation

- C Tricuspid stenosis
- D Tricuspid regurgitation

1 points

QUESTION 23

1. The AGACNP knows that diagnostic findings consistent with rheumatoid arthritis include:

- A Soft tissue swelling of the metacarpals
- B Radiographic joint space narrowing
- C Heberden's nodes
- D Subungual hemorrhages

1 points

QUESTION 24

1. C.T. is a 39-year-old female who presents for evaluation of what she thinks is her "rosacea acting up." She has a history of acne rosacea and has medicated on and off for years with tetracycline and topical metronidazole. Today however she presents with a pronounced red/purple area on her left cheek extending to the nasal border. It is very warm to the touch. The borders of the affected area are very well defined and raised. C.T. also has a temperature of 100.7° F and a generalized headache. The AGACNP appreciates tender submandibular and cervical lymphadenopathy. The likely diagnosis is:

- A Complex rosacea
- B Cellulitis
- C Erysipelas
- D Allergic reaction

1 points

QUESTION 25

1. Mr. Lopez is a 51-year-old male patient who is being treated for T2DM. His HgbA1c is 15.6% and initial management will include aggressive attempts for weight reduction as his body mass index (BMI) is 45. He says he is unable to participate in any meaningful exercise because he very often has back pain; he has had it for years and has tried all sort of over the counter medicines with little relief. He describes it as a profound ache that occurs across the lower part of his back bilaterally; it does not travel down either leg. The physical inspection is normal, but he has significant paraspinal tenderness to palpation bilaterally. He

cannot identify any injury or accident that preceded the pain. The history and physical exam is noncontributory. The AGACP knows that the likely diagnosis is:

- A Lumbar radiculopathy
- B Ankylosing spondylitis
- C Lumbar sacral strain
- D Degenerative disk disease

1 points

QUESTION 26

1. A patient presents with acute onset of vesicular lesions on her vulva. They are surrounded by areas of redness and they hurt. The patient says that she has even more of them now than she did when she woke up this morning. There is also inguinal lymphadenopathy. The AGACNP is suspicious for:

- A Human papilloma virus
- B Primary syphilis
- C Gonorrhea
- D Herpes simplex virus

1 points

QUESTION 27

1. Classic radiographic features of osteoarthritis include:

- A Soft tissue swelling
- B Joint deformity
- C Bone mineral loss
- D Joint space narrowing

1 points

QUESTION 28

1. Mrs. Sandoval is a 72-year-old female who presents with a chief complaint of transient verbal confusion. She was speaking with her friend on the phone this morning when she suddenly couldn't get words out. Her friend went over to her home and found Mrs. Sandoval awake, alert, and oriented, responding appropriately with non-verbal gestures, but

she could not properly articulate her thoughts. By the time she arrived at the office this had passed, although during the examination she appeared to have infrequent difficulty finding a single word. The patient denies any contributory medical history, but a 12-lead ECG in the office reveals atrial fibrillation with a ventricular response of 91 b.p.m. The blood pressure is 140/94 mm Hg; remaining vital signs are normal. The AGACNP knows that management should include:

- A Antiplatelet therapy
- B Anticoagulation
- C Blood pressure control
- D Speech therapy

1 points

QUESTION 29

1. C.L. is a 48-year-old female who presents complaining of activity intolerance. She is usually very active and fit[^]. She jogs regularly and typically does 4-5 miles a day. About a week ago she became so tired she had to stop, and lately she has become aware of becoming easily fatigued while going up and down stairs. She admits that she thinks she is beginning menopause—she is having a lot of bleeding with her periods, and her periods seem to be more frequent. A complete blood count (CBC) reveals the following results:

Hgb 10.1 g/dL
Hct 30%
MCV 75 fL
RDW 21%

The AGACNP orders which of the following laboratory test to confirm the suspected diagnosis?

- A Vitamin B12
- B Folate
- C Ferritin
- D Hemoglobin electrophoresis

1 points

QUESTION 30

1. Kevin H. is a 61-year-old male who presents for treatment of profound anxiety. He has been treated on and off for years—most recently he was taking escitalopram 20 mg p.o. daily, and although he does admit to some improvement, he still cannot function appropriately throughout the day. He has been counseled about poor work performance and is concerned about losing his job, but he is just so worried all of the time he cannot concentrate on work. The AGACNP knows that the most appropriate action is to:

- A Increase the dose of escitalopram to
 - . 40 mg daily
- B Refer Kevin for a psychiatric consultation
- C Stop escitalopram and begin
 - . venlafaxine
- D Discuss therapeutic expectations with
 - . Kevin

1 points

QUESTION 31

1. When examining a patient with a skin presentation suggestive of necrotizing fasciitis, the AGACNP knows that the most important and sensitive diagnostic test is:

- A A complete blood count
- B Plain film radiographs
- C The finger test
- D CT scan

1 points

QUESTION 32

1. While evaluating a patient with abdominal pain, the AGACP knows that when the pain is described as coming in waves or cycles, with periods of relief in between, the cause likely centers around:

- A Peristalsis of bowel
- B Disorders of pelvic organs
- C Organ inflammation
- D Hyperacidity

1 points

QUESTION 33

1. Which of the following findings is not typically associated with testicular torsion?
- A Acute pain
 - B Edema

- C High riding
testis
- D Dysuria

1 points

QUESTION 34

1. 152: When completing this exam, did you comply with Walden University's Code of Conduct including the expectations for academic integrity?

- Yes
- No

1 points

QUESTION 35

1. While preparing to perform an incision and drainage on a 7 cm fluctuant abscess on a patient's posterior thorax, the AGACNP knows that the most important part of the procedure is:

- A Immediate coverage with
antistaphylococcal antibiotics
- B Maintaining sterility with topical betadine
and drapes
- C Breaking up loculations and aggressive
irrigation
- D Proper injection of local anesthetic

1 points

QUESTION 36

1. A patient is being evaluated with significant nausea, fatigue, and a general sense of feeling unwell; mild jaundice is noted on physical examination. Transaminases are markedly elevated and a hepatitis screening is done. Results are as follows:

+ HbsAb
+ anti-HAV IgM
- anti-HCV

The correct interpretation of these findings is:

- A The patient has acute
hepatitis A
- B The patient has acute
hepatitis B
- C The patient has chronic
hepatitis B

- D The patient has acute
 - . hepatitis C

1 points

QUESTION 37

1. When treating a patient with an unknown overdose or toxicity, the AGACNP knows that all of the following should be administered except:

- A Dextrose 50%
- B Thiamine 100
 - . mg
- C Nalaxone 0.4
 - . mg
- D Ativan 4 mg

1 points

QUESTION 38

1. The AGACNP is evaluating 29-year-old female who presents by ambulance and is unresponsive. There is no witness and no history available; the patient is not wearing any sort of medic alert bracelet. While assessing for toxicity or overdose, the patient is found to have vital signs as follows: Temp of 96.2° F, pulse of 48 b.p.m., respirations of 10 b.p.m., and blood pressure of 84/50 mm Hg. The patient's pupils are constricted, but do react briskly to light to 1 mm. The AGACNP suspects which type of substance?

- A Cholinesterase inhibiting
 - . drugs
- B Stimulants such as
 - . MDMA
- C Anticholinergics
- D Ethanol or opiates

1 points

QUESTION 39

1. The AGACNP knows that the one class of pain medication that is effective to some extent for all forms of pain is:

- A NSAIDs
- B Antidepressants
- C Antiepileptic
 - . s

- D Opiates

1 points

QUESTION 40

1. K.P. is a 76-year-old male admitted for antibiotic management of urosepsis. His medical history is significant for a CVA with resultant right-sided hemiparesis. He is nonverbal, maintained on enteral nutritional support and has an indwelling Foley catheter. The AGACNP knows that which of the following bacteria is the primary treatment target for this patient's urosepsis?

- A *Proteus mirabilis*
- B *Pseudomonas aeruginosa*
- C *Staphylococcus aureus*
- D *Streptococcus pneumoniae*

1 points

QUESTION 41

1. A patient is admitted for a COPD exacerbation and placed on mechanical ventilation. His settings are as follows: FiO₂ of 40%, TV of 700mL, SIMV of 12. His morning ABG reveals a pH of 7.37, paCO₂ of 51 mm Hg, paO₂ of 84 mm Hg and HCO₃ of 30 mm Hg. The AGACNP knows that the appropriate response is to:

- A Leave the ventilator settings as is
- B Increase the SIMV to 16 b.p.m.
- C Increase the FiO₂ to 50%
- D Repeat the ABG in one hour

1 points

QUESTION 42

1. All of the following are required for a diagnosis of systemic inflammatory response syndrome (SIRS) except:

- A White blood cell count < 4000 or > 12,000 cells/uL
- B Heart rate > 90 b.p.m.
- C Respiratory rate > 20 b.p.m. or paCO₂ < 32 mm Hg

- D Two sets of positive blood cultures

1 points

QUESTION 43

1. J.T. is a 41-year-old female patient who presents with a chief complaint of "heartburn." She says that it doesn't really seem to be related to meals or food—it occurs at random times. She does note, when asked, that it seems to happen a lot at night and occasionally wakes her up. Her only other symptom complaint is an occasional cough. It does not produce mucus, and she admits to assuming it was a "nervous" cough. The next appropriate action for the AGACNP would be to:

- A Order an H. pylori test
- B Request a GI consult for endoscopy
- C Order a proton pump inhibitor 30 minutes before breakfast
- D Request a 72-hour diet history

1 points

QUESTION 44

1. Your patient has diabetes insipidus (DI). Anticipated physical assessment findings include:

- A Dry skin, tachycardia, hypertension
- B Weak pulse, dry skin, decreased skin turgor
- C Thin hair, thready pulse, dry mucous membranes
- D Hypothermia, jugular venous distention, bradycardia

1 points

QUESTION 45

1. The AGACNP is beginning medical management of a patient newly diagnosed with T2DM. The patient has a BMI of 39 and has been unsuccessful in making significant diet and lifestyle changes over the last six months. Other than her weight, her physical examination is essentially within normal limits. Her HgbA1c is 9.5%. A basic metabolic panel is within normal limits. The medication of choice to begin therapy will be:

- A A sulfonylurea
- B A meglitinide

C A biguanide

D An incretin
mimetic

1 points

QUESTION 46

1. Felty's syndrome is a condition of immune neutropenia seen sometimes in patients with:

A Polymyalgia rheumatica

B Giant cell arteritis

C Systemic lupus
erythematosus

D Rheumatoid arthritis

1 points

QUESTION 47

1. When treating a patient for the profound cough of acute bronchitis, the AGACNP knows that the most appropriate pharmacotherapy consists of:

A An opiate based cough suppressant

B Oral prednisone

C A first generation-antihistamine
combination

D An inhaled anticholinergic

1 points

QUESTION 48

1. Mr. Truman is transferred to the emergency department by ambulance. His wife called 911 this morning because he was acting "funny" when he woke up. Both the patient and his wife went to bed last night at approximately 10:30 and everything was normal. This morning he could not communicate orally and seemed confused about how to ambulate. Upon arrival to the emergency department his vital signs are as follows: Temperature 100.9° F, pulse 89 b.p.m., respirations 14 b.p.m. and blood pressure 168/94 mm Hg. A non-contrast CT scan of the head reveals thrombotic CVA. The AGACNP know that immediate management of this patient should include:

A Thrombolytic
cs

B IV

- vasodilators
- C Aspirin
- D Antiepilepti
 - cs

1 points

QUESTION 49

1. Your patient is complaining of profound nausea and vomiting that started at bedtime last night and kept him awake all night long. Early this morning he started having abdominal cramping and explosive diarrhea. Based upon the character of symptoms you are suspicious of infection with *Staphylococcus aureus*. To assess risk for exposure to this organism, you ask the patient about which meal?

- A Breakfast
 - yesterday
- B Lunch yesterday
- C Dinner yesterday
- D Bedtime snack
 - yesterday

1 points

QUESTION 50

1. D.R. is a 54-year-old male patient who was admitted for the management of cellulitis and treated with parenteral antibiotics. He has not been responding as well as anticipated. During today's exam the AGACNP appreciates a couple of changes. All of the following indicate the need for immediate surgical evaluation except:

- A Skin anesthesia
- B Violaceous
 - bullae
- C Gas bubbles in
 - tissue
- D Lymphangetic
 - spread

1 points

QUESTION 51

1. R. O. is a 21-year-old female who comes to the emergency department because of a severe headache. Her vital signs and neurological examination are within normal limits. She complains of a pulse-like pain in her right temple and admits that she has almost vomited. Her mother gets the same type of headache and the last time this happened R.O. took one of her mother's prescription headache pills. They helped a lot, but this time her mother told

her she had to come be evaluated. The AGACNP knows that which of the following is the appropriate action?

- A A non-contrast CT scan of the head
- B Administration of a 5HT agonist
- C Dilaudid 2 mg IM x 1 dose
- D Requesting a headache diary

1 points

QUESTION 52

1. A 39-year-old female presents for evaluation of a rash. She denies any significant medical history, and has no other complaints. The rash appeared suddenly on both forearms approximately one week ago, and she is concerned because it is not going away. It does not itch or hurt—it is just there. Physical examination reveals a diffuse macular hypopigmentation on both forearms that extends to the hands. The patient denies any drug or alcohol use; she is single and has had 4 unprotected sexual partners in the last year. The AGACNP knows that initial laboratory testing must include a(n):

- A FTA-Abs
- B Fungal skin scraping
- C RPR screening
- D CBC

1 points

QUESTION 53

1. J.S. is a African-American female who presents for a wellness examination. Her medical history is significant for beta thalassemia minor. Anticipated red blood cell differential would include which of the following patterns?

- A Hgb 10.2 g/dL, Hct 30%, MCV 70 fL, RDW 12.6%
- B Hgb 9.9 g/dL, Hct 28%, MCV 83 fL, RDW 13.9%
- C Hgb 11.5 g/dL, Hct 35%, MCV 94 fL, RDW 15.8%
- D Hgb 12.8 g/dL, Hct 38%, MCV 105 fL, RDW 18.1%

1 points

QUESTION 54

1. M.T. presents complaining of acute pain in his left eye, nausea, and one episode of vomiting. He denies any significant medical problems, and says that the only medication that he takes is an occasional over-the-counter sleeping pill. Physical examination reveals a steamy red cornea and conjunctiva with a pupil that is 5 mm and not reactive to light. The AGACNP knows that diagnostic testing should include:

- A CT scan of the head
- B An MRI of the orbit
- C A toxicology screen
- D A measurement of intraocular pressure

1 points

QUESTION 55

1. Justin is a 23-year-old male who is being managed for an acute manic episode. Justin was diagnosed with bipolar disorder several years ago, but his home life has been unstable and he has not been very adherent to a medication regimen. Most recently he was started on the SNRI venlafaxine by his primary care provider, which he has been taking as prescribed for about 6 weeks, but he began a manic episode a few days ago which peaked this evening. The AGACNP considers that:

- A The manic episode is probably a result of medication instability and he should continue his current regimen with a follow-up in 6-8 weeks
- B A mood stabilizing agent should be added to the venlafaxine
- C All medication should be held for 6-8 weeks and then the patient should be reevaluated
- D The SNRI should be stopped and a mood stabilizing agent started

1 points

QUESTION 56

1. Mr. Livingston is a 79-year-old male who presents from a long term care facility with a change in mental status. His medical history is significant for T2DM, CAD, CHF, hypothyroidism, Alzheimer's dementia and osteoarthritis. He has been stable, but over the last few days the staff say he has been a bit disconnected. This morning he was found in his bed in a stuporous state. His vital signs include a temperature of 98.9° F, pulse of 103 b.p.m., respiratory rate of 20 b.p.m., and a blood pressure of 92/64 mm Hg. His metabolic panel demonstrates a Na⁺ of 129 mEq/L, K⁺ of 3.3 mEq/L, Cl⁻ of 100 mEq/L, CO₂ of 24 mEq/L, glucose of 644 mg/dL, BUN of 51 mg/dL and creatinine of 1.9 mg/dL. The AGACNP knows that the primary problem is most likely:

- A Diabetic ketoacidosis
- B Hypertonic hyponatremia

- C Myxedema coma
- D Hyperosmolar
 - hyperglycemic coma

1 points

QUESTION 57

1. The AGACNP is evaluating a patient with systemic lupus erythematosus who complains of fatigue. Based upon his knowledge of the most commonly affected visceral organ, which of the following diagnostic studies should be ordered?

- A Echocardiogram
- B Chest radiography
- C Hepatic function
 - enzymes
- D Urinalysis with
 - microscopic

1 points

QUESTION 58

1. All of the following are true statements about post-traumatic stress disorders (PTSD) except:

- A It is more common in women than men
- B It is unlikely to occur in children especially < 10 years old
- C It is differentiated from acute stress reaction by time
- D It is not likely in persons with no preexisting psychiatric disease

1 points

QUESTION 59

1. Ray M., a 49-year-old male, walks into the emergency room complaining of back pain. He has never had this problem before and cannot identify any injury, but he is in such severe pain he is sure something is wrong. He states that his back has been hurting so badly sometimes he has to stop whatever he is doing and bend forward at the waist. The pain also travels along the outer edge of his left thigh to mid-calf, and he reports a small area of numbness on his anterior thigh. His history and physical examination are otherwise negative. He is an insurance attorney and is not especially active at work, but goes to the gym 5 days a week. He is not overweight, and his vital signs are normal. Physical examination reveals no paraspinal tenderness, and his straight leg raise is negative. A few times during the exam he lay back on the table and grabbed his left leg, flexed both hip, and

pulled his knee to his chest, because it helped the pain. The AGACNP knows that immediate pain relief measures must include:

- A An opiate
 - . analgesic
- B Systemic
 - . steroids
- C Physical
 - . therapy
- D Bedrest for 72
 - . hours

1 points

QUESTION 60

1. A patient with peptic ulcer disease is admitted to the hospital with significant upper abdominal discomfort. She has guarding and rebound tenderness on examination. Abdominal radiography demonstrates free air in the abdomen. The AGACNP knows that the immediate priority is to:

- A Obtain a stat surgical consult
 - .
- B Begin an IV proton pump
 - . inhibitor
- C Order an abdominal CT scan
 - .
- D Obtain a stat
 - . gastroenterology consult

1 points

QUESTION 61

1. Jennifer is a 15-year-old female who attempted suicide by taking a bottle of acetaminophen. She took 30, 500 mg tablets approximately six hours ago, but then became frightened and told her mother what she did. Her mother said that Jennifer seems OK, other than being a little sick to her stomach, she has no complaints. The AGACNP knows that the first step in her care includes:

- A N-acetylcysteine in tapering doses over the
 - . next 24 hours
- B Oral administration of activated charcoal
 - .
- C Psychiatric assessment
 - .
- D Discharge to home with follow-up LFTs in 4
 - . days

1 points

QUESTION 62

1. Mrs. Glassman is a 55-year-old female who presents with a chief complaint of fever. Her vital signs reveal a temperature of 100.0° F, blood pressure of 100/60 mm Hg, pulse of 114 b.p.m. and respirations of 20 b.p.m. Her cardiac auscultation reveals a grade III/VI systolic murmur at the left lower sternal border. Her history is significant for an eyebrow lift 4 months ago. The AGACNP orders which test to confirm the suspected diagnosis?

- A Three sets of blood cultures
- B A chest radiograph
- C A 12-lead ECG
- D Induced sputum culture

1 points

QUESTION 63

1. John is a 17-year-old male who is in the emergency department with abdominal pain. He is quite uncomfortable and says that it started yesterday and seemed to be "in the middle of his stomach" but today it has moved over to the right lower side. During physical examination the abdomen is not distended, but he is guarded, and right lower quadrant palpation produces significant discomfort, especially upon release of the palpating hand. He has appreciable pain when his right knee and hip are bent to a 90° angle. John admits to some nausea but has not vomited; he has not had a normal bowel movement in two days. His vital signs are as follows: Temperature 100.9° F, pulse 110 b.p.m. respiratory rate 22 b.p.m., and blood pressure 118/77 mm Hg. The AGACNP orders which of the following tests to confirm the suspected diagnosis?

- A Complete blood count
- B Ultrasound
- C CT scan
- D Urinalysis

1 points

QUESTION 64

1. Which of the following signs is expected in patients with cholecystitis?

- A McBurney's
- B Cullen's
- C Spurling's
- D Murphy's

1 points

QUESTION 65

1. According to the World Health Organization's step-wise approach to pain management, initial approaches to step 2 might include all of the following except:
- A A weak opiate
 - B A strong opiate
 - C A non-steroidal antiinflammatory agent
 - D An antidepressant.

1 points

QUESTION 66

1. A patient's Weber test lateralizes to the right ear and the Rinne test in both ears is normal. The patient has a:
- A Sensorineural hearing loss in the left ear
 - B Sensorineural hearing loss in the right ear
 - C Conductive hearing loss in the left ear
 - D Conductive hearing loss in the right ear

1 points

QUESTION 67

1. J.B. is a 62-year-old male who was admitted three days ago for management of diverticulitis. Today the AGACNP is called to the bedside to evaluate new onset swelling of the right lower extremity. According to the staff nurse it was not present yesterday but on today's assessment the patient had 2A+ edema up to the thigh. Initial diagnostic evaluation should include:
- A Homan's sign
 - B A venogram
 - C A D-dimer
 - D CT of the chest

1 points

QUESTION 68

1. Based upon clinical examination and laboratory assessment the AGACNP diagnoses a patient with giant cell arteritis. The next step in the patient management should be to:
- A Consult surgery for a temporal artery biopsy
 - B Consult rheumatology for medical management
 - C Order 60 mg of prednisone now and q.d.
 - D Order ceftriaxone 1 mg IV now

1 points

QUESTION 69

1. According to the JNC VIII criteria, a patient with a new diagnosis of hypertension who has comorbid chronic kidney disease should be started on which of the following classes of medications?
- A A thiazide diuretic
 - B A calcium channel blocker
 - C An ACE inhibitor
 - D A beta adrenergic antagonist

1 points

QUESTION 70

1. Denise is a 45-year-old female who presents with significant lower abdominal pain. It started a few days ago and has just gotten steadily worse. She denies any hematuria or dysuria, but when she voids she feels like "everything is coming out. A physical examination reveals an abdomen that is tender to palpation but there is no guarding or rebound. Her vital signs are stable excepting a temperature of 100.9° F. The next step in the evaluation must include:
- A A complete blood count
 - B An abdominal flat plate
 - C A pelvic examination
 - D A CT scan of the abdomen

1 points**QUESTION 71**

1. Jan is a 39-year-old female who presents with significant right upper quadrant pain of 18 hours duration. She admits to a few episodes of vomiting. She right upper quadrant pain to palpation but the ultrasound is negative. Jan admits that this has happened before, usually when she "eats a huge meal." The AGACNP orders which diagnostic study to confirm the diagnosis of cholecystitis?

- A Upright abdominal radiography
- B Hepatic function panel
- C HIDA scan
- D Abdominal CT

1 points**QUESTION 72**

1. L.W. is a 41-year-old woman with a history of systemic lupus erythematosus which has been managed primarily with symptom control. Today she presents for evaluation of fatigue which has been slowly progressive over the last few months. She has a history of gastric bypass surgery 10 years ago and has maintained a 100 lb weight loss, but she maintains that she has been very adherent to her vitamin and mineral replacement regimen. Other than chronically heavy menses, for which she takes hormonal contraception, she is without complaint. A complete blood count is as follows:

Hgb 10.3 g/dL

Hct 31%

MCV 88 fL

RDW 15%

The AGACNP suspects that the patient's fatigue is most likely due to:

- A Iron deficiency anemia
- B Anemia of chronic disease
- C Pernicious anemia
- D Folic acid deficiency

1 points**QUESTION 73**

1. A patient presents for follow up after being started on an ACE inhibitor for hypertension. Her blood pressure has improved, but her pulse is 56 b.p.m down from 76 b.p.m. at her last visit. The AGACNP knows that the patient should be assessed for:

- A Hypercalcemia
- B Hypernatremia
- C Hyperkalemia
- D Hyperchloremia

1 points

QUESTION 74

1. A young-adult male patient was dropped off outside of the emergency department and some staff members brought him inside. The patient is restless, irritable, and either unwilling or unable to participate in her own care. No history is available. His vital signs are essentially stable, finger stick blood sugar is 111 mg/dL, there are no signs of trauma, and no physical findings consistent with common drug or alcohol use. A toxicology screen is pending. The AGACNP orders acute psychiatric stabilization with a combination of haloperidol and lorazepam and considers which of the following medications to decrease the risk of adverse effects?

- A Risperidone
- B Olanzapine
- C Benztropine
- D Zolpidem

1 points

QUESTION 75

1. Amy is a 21-year-old female who presents with acute nephrolithiasis. CT scan reveals a 2 mm stone in the left ureter. The AGACNP knows that the appropriate course of action is:
- A Pain control and IV fluid
 - B Consultation for stent placement
 - C Lithotripsy stone destruction
 - D Transurethral stone destruction

1 points

QUESTION 76

1. B.T. is a 49-year-old male being admitted for lung volume reduction surgery. His preoperative pulmonary function tests are as follows:

FVC 66% predicted

FEV1 60% predicted

PEFR 69% predicted

TLC 104% predicted

RV 90% predicted

The AGACNP knows that the pulmonary function studies are consistent with:

- A Mild restrictive disease
- B Moderate restrictive disease
- C Mild obstructive disease
- D Moderate obstructive disease

1 points

QUESTION 77

1. A 30-year-old male patient presents for evaluation of a lump on his neck. He denies pain, itch, erythema, edema, or any other symptoms. He is concerned because it won't go away. He says, "I noticed it a few months ago, then it seemed to disappear, and now it is back." The AGACNP proceeds with a history and physical exam and concludes which of the following as the leading differential diagnosis?

- A Subclinical infection
- B Non-Hodgkin's lymphoma
- C Catscratch disease
- D Syphilis

1 points

QUESTION 78

1. Ms. Teller presents with a chief complaint of weight loss. She reports an unplanned 10 lb weight loss over the last 5-6 months. She has no significant medical history, but review of systems reveals bilateral shoulder discomfort and some impaired range of motion—she has trouble pulling clothing over her head. Over the last few months she has generalized upper body stiffness, but seems to get better after an hour or so of activity. When considering a diagnosis of polymyalgia rheumatica, laboratory assessment may be expected to reveal:

- A An erythrocyte sedimentation rate (ESR) of 75 mm/hr
- B A microcytic, hypochromic anemia

- C Elevated liver function enzymes
- D Positive antinuclear antibodies

1 points

QUESTION 79

1. When a patient has lower abdominal discomfort, cervical wall motion tenderness, and adnexal tenderness, the AGACNP knows that this will likely be treated with:

- A Ceftriaxone and
azithromycin
- B Metronidazole and
ciprofloxacin
- C Trimethoprim/sulfametho
xazole
- D IV fluid and pain control

1 points

QUESTION 80

1. J.L. is an 81-year-old female who is admitted from home after her daughter found her confused and unkempt. She is not a good historian, and her daughter cannot provide any information—when she saw her mother a week ago, she was fine. J.L.'s vital signs are as follows: Temperature 101.4° F, pulse 99 b.p.m., respirations 22 b.p.m., and blood pressure 90/58 mm Hg. Her urinalysis shows +++ leukocytes, + RBC, and + nitrites. Her metabolic panel reveals a BUN of 39 mg/dL and creatinine of 1.5 mg/dL. The AGACNP knows that J.L. has findings consistent with:

- A Pre-renal failure
- B Intra-renal
failure
- C Post-renal
failure
- D Chronic renal
failure

1 points

QUESTION 81

1. Patients with giant cell arteritis are at increased risk of:
- A Cerebrovascular
accident
 - B Rheumatoid

- A arthritis
- C Polymyalgia rheumatica
- D Osteoarthritis

1 points

QUESTION 82

1. The AGACNP is called to the bedside for a patient who is in cardiopulmonary arrest. The monitor demonstrates ventricular fibrillation which will not convert despite several attempts to defibrillate at maximal voltage. While being briefed by the staff nurse on the patient medical history, he learns that the patient has a history of Cushing's syndrome. The AGACNP recognizes that the patient is probably failing to convert due to:

- A Advanced atherosclerotic disease
- B Hypokalemia
- C Hypocalcemia
- D Catecholamine excess

1 points

QUESTION 83

1. When performing an evaluation of a patient following seizure activity, the AGACNP knows that the most important component of that evaluation is:

- A A CT scan of the head
- B Eyewitness description
- C An EEG
- D Administering a benzodiazepine

1 points

QUESTION 84

1. Which of the following etiologic organisms is most likely to appear as lobar consolidation on chest radiography?

- A Legionella pneumophilia
- B Streptococcus pneumoniae

- C *Pneumocystis carinii*
- D *Mycoplasma pneumoniae*

1 points

QUESTION 85

1. A patient with chronic kidney disease presents with an eGFR of 30 mL/min/1.73m². The AGACNP knows that the most compelling implication of this value is:
- A Control of risk factors for renal deterioration
 - B Careful attention to renal dosing of medications
 - C Referring the patient for shunt placement
 - D Preventing occurrence of renal ischemia

1 points

QUESTION 86

1. Differential diagnosis of hematuria include all of the following except:
- A Bladder cancer
 - B Nephrolithiasis in the renal parenchyma
 - C Urinary tract infection
 - D Prerenal azotemia

1 points

QUESTION 87

1. A 29-year-old male patient presents with acute scrotal pain and dysuria. He has a temperature of 101.8° F and a pulse of 115 b.p.m. but otherwise vital signs are within normal limits. He gets some relief of the scrotal discomfort when his scrotum is elevated on a rolled towel. This is known as:
- A Varicocele
 - B Prehn's sign
 - C Cremasteric sign
 - D Testicular

- torsion

1 points

QUESTION 88

1. The AGACNP knows that patients with psoriasis are at greater risk for:

A Arthritis

B Eczema

C Cellulitis

D Melano
ma

1 points

QUESTION 89

1. Mr. McCarran is a 68-year-old male with a long history of poorly controlled T2DM. He has had progressive burning pain in both feet for the last year or so, but in the last few months it has become increasingly worse. He has tried taking ibuprofen and naproxyn over-the-counter with no improvement. Now, he is presenting for more effective pain management. The AGACNP knows that the medication of choice will be from which drug class?

A NSAIDs

B Opiates

C Antiepilept
ics

D Anesthetic
s

1 points

QUESTION 90

1. Mr. Starwood is a 61-year-old male who was admitted last night for the management of acute pancreatitis. He was admitted n.p.o and started on intravenous fluid and opiate pain management. This morning he reports feeling significantly better. His C-reactive protein this a.m. is 5 mg/dL, amylase and lipase are both just over 2 x upper limits of normal, and his Ranson score is 2. The AGACNP knows that the next step in his care is to:

A Begin clear liquids as tolerated

B Order an abdominal CT

C Order an ERCP

- D Continue the current management
 - . for 24 hours

1 points

QUESTION 91

1. When beginning pharmacotherapy for depression, the AGACNP discusses with the patient that a primary safety consideration includes the:
 - A Increased risk of suicide when patients begin antidepressant therapy
 - B Potential for sexual adverse effects
 - C Better likelihood of success when medications and therapy are used together
 - D High incidence of serotonin syndrome

1 points

QUESTION 92

1. When ruling out meningitis in a patient, the AGACP appreciates that the spinal fluid is cloudy and the glucose content is 20 cells/microliter. This is most consistent with:
 - A Aseptic meningitis
 - B Septic meningitis
 - C Chemical meningitis
 - D Chronic meningitis

1 points

QUESTION 93

1. A 44-year-old male patient presents in a hypertensive crisis. The blood pressure is 240/136 mm Hg, pulse is 128 b.p.m. and the patient is complaining of a severe, pounding headache. His skin is diaphoretic and he is visibly tremulous. The first diagnostic study to evaluate the suspected diagnosis should be a:
 - A 24 hour urine for catecholamine metabolites
 - B Serum epinephrine and metanephrines
 - C T scan of the abdomen

- D MRI of the abdomen

1 points

QUESTION 94

1. An unidentified patient is brought to the emergency department by ambulance after being hit by a motor vehicle. She has multiple injuries and an estimated blood loss of 2 liters. The hematocrit is 19%. The AGACNP expects that the mean cell volume (MCV) would most likely be:

- A 70 fL
- B 80 fL
- C 90 fL
- D 110 fL

1 points

QUESTION 95

1. Mrs. Oliver is a 71-year-old petite Caucasian female. During a routine dexa screening she was found to have a T-score of -3.0. The AGACNP knows that the first intervention should include:

- A Calcium
- B Vitamin D
- C Bisphosphonates
- D Estrogen

1 points

QUESTION 96

1. When evaluating a family with suspected carbon monoxide exposure, the AGACNP knows that assessment should include all of the following except:

- A Vital signs
- B Pulse oximetry
- C Cardiac rhythm strip
- D Carboxyhemoglobin level

1 points

QUESTION 97

1. Mr. Riley is a 61-year-old male who just had bilateral knee replacements. There was more fluid loss than intended during the procedure. The AGACNP knows that metabolic alkalosis is the most common postoperative acid-base imbalance and is best treated with:
- A Normal saline infusion
 - B An insulin drip
 - C Low volume hydrochloric acid
 - D Albumin

1 points

QUESTION 98

1. Patients in advanced stages of chronic kidney disease are at greatest risk for which of the following conditions?
- A Polycythemia
 - B Hypokalemia
 - C Metabolic alkalosis
 - D Anemia

1 points

QUESTION 99

1. The diagnostic study of choice in mesenteric ischemia is:
- A Ultrasound
 - B CT angiography
 - C MR angiography
 - D Diagnostic peritoneal lavage

1 points

QUESTION 100

1. Mr. Maxwell is a 58-year-old male who presents with left foot pain. Physical examination reveals a foot that is normal in appearance with DP and PT pulses that are barely audible by Doppler. The AGACNP has the patient cross the leg with the left foot

resting on the right knee; after 30 seconds that left foot is briskly lowered to the floor. Instantly the left foot turns bright red. This is known as:

- A Venous insufficiency
- B Brawny
 - hyperpigmentation
- C Homan's sign
- D Dependent rubor

1 points

QUESTION 101

1. 152: When completing this exam, did you comply with Walden University's Code of Conduct including the expectations for academic integrity?

- Yes
- No