

ADVANCED PHYSICAL ASSESSMENT TEST BANK

A 56 year old female patient has diabetes, hypertension and asthma. Under which category would this information be placed in the patients chart?

- A. Medical
- B. Surgical
- C. Obstetrics/gynecology
- D. Psychiatric

A

A Patient who is deaf enters your examination room with a family member. When building rapport with this patient, it is important to:

- A. Ask their family member about the patient's medical history
- B. Use family members for communication interpretation if needed
- C. Address the patient directly regarding medical care
- D. Utilize and address the interpreter regarding medical care C

Upon reviewing a HPI of a patient you are about to see, it currently says: "ST is a 48 year old male with stabbing intermittent upper right quadrant abdominal pain with a severity rating of 7/10 that started this morning. Patient states, 'It gets worse with activity,' and denies any relief from Tylenol intake." With the attention to chronology, what elaboration of the chief complaint is this current HPI missing?

- A. Location
- B. Quantity or Severity
- C. Timing
- D. Associated Manifestations

D

When formulating a plan and documenting it in the health history progress note within the patient's medical record, the Advanced Practice Registered Nurse (APRN) should incorporate all the following EXCEPT:

- a. Changes in medications and needed diagnostic tests
- b. Patient's response to the problems identified and to the diagnostic and therapeutic interventions the APRN has recommended
- c. Patient's subjective complaint and reason for seeking care
- d. Education provided to the patient C

patient C

The NP is conducting an H&P for patient Cathleen prior to gender reassignment surgery male to female. How should the NP address the patient to establish rapport?

Good morning! My name is Charlotte Nguyen; I am a nurse practitioner and I work with the surgery team. How would you like me to address you? What pronouns do you prefer?

Good morning sweetie! How are you doing today? My name is Charlotte and I work with the surgery team.

Good morning, Cathleen or is it Conor? Which name do you go by?

Good morning Mrs. Saperstein! My name is Charlotte, and I am a nurse practitioner working for the surgery team. Let's start with the questionnaires.

A

Mr. Jones came in for his annual physical exam. My Jones is physically disabled and uses a wheelchair to get around. During his visit, which of the following actions are correct?

- A. Move the wheelchair to the back of the room to avoid a fire hazard?
- B. Make sure there is a clear path to access the room and assistive devices.
- C. Do the exam from the wheelchair
- D. Call for assistance as soon as he arrives to move him to the exam table. B

A patient has a BMI of 40 what classification of weight by body mass index does this patient belong to?

Overweight

Obesity class 2

Obesity class 3

Obesity class 1

C

After attending a training class for comprehensive and focused history taking and knowing the differences between these two types, the nurse practitioner can apply focused history taking in which situation?

- a. The patient is coming for the first time to the clinic.
- b. The patient is admitted to a long-term care facility.
- c. The patient is coming for a daycare surgery the next day.
- d. The patient is having signs and symptoms of covid19. D

. Chief Complaints are generally recorded in the patient's chart

as: "patient exhibits rebound tenderness at 4th lower quadrant"

"patient reports family history of colon cancer"

"patient brought self into the ED stating 'I've been noticing more and more blood when I poop.'"

"Guaiac test demonstrates the presence of blood" C

1. A 78-year-old patient comes into the clinic for an annual wellness exam under a new insurance plan. She does not take any prescribed medications. She states that her previous doctor, "was really on her about eating sugar." Which assessment finding is consistent with the normal aging process and not a sign of an underlying disease?

- A. Increased oral temperature
- B. Elevated heart rate
- C. Widened pulse pressure
- D. Narrowed pulse

pressure C

Sam Inna, a 58-year-old, was stricken with cataracts about a year ago. Which assessment data would the NP expect when collecting the nursing history from the client?

Blurred vision
Eye pain
Floaters
Eye redness

A

. The NP performs a physical assessment on a patient and noticed tonsillar exudates with a beefy red uvula, what does the NP suspect of this condition:

Streptococcal pharyngitis
Tonsillitis
Gingivitis
Tongue carcinoma

A

Mr. Jones, an 86-year-old male who is independent and lives by himself, has a medical history of CHD, Atrial fibrillation, and prostate cancer in admission is coming into clinic with complaints of chronic, but worsening back pain. Prior to assessing Mr. Jones, what are considerations you can take as the nurse practitioner to ensure communication is effective and efficient?

- a. Perform the assessment in a room next to a loud procedure
- b. Speak fast, Mr. Jones probably wants to get home soon.
- c. Face Mr. Jones and speak in low tones, enunciating, and ensure the patient has his glasses, hearing devices or dentures if needed.
- d. If Mr. Jones is accompanied by a family member, be sure to only speak directly to the family member as Mr. Jones is too old to be a participant of his care.

C

A 65-year-old female presents to the clinic for a physical exam. The patient has a past medical history of hypertension, hyperlipidemia, and diabetes. The patient is 5'5 and 190 lbs. The nurse practitioner documents in the patient's electronic health record that the patient's BMI falls into which classification?

- A) Obesity class I
- B) Obesity class II
- C) Overweight
- D) Obesity class III

A

2. Which of these statements is correct about Open-angle glaucoma?

- a. Open-angle glaucoma is Painless and gradual loss of vision
- b. Open-angle glaucoma is Painful loss of vision
- c. Open-angle glaucoma present with fixed midsized pupil
- d. Open-angle glaucoma doesn't cause blindness. A

Mr. Guillen, a 67-year-old male presents to your clinic for the first time for his yearly physical. Which immunization is not routinely recommended for older adults in the United States?

Influenza vaccination

Zoster vaccination

HPV vaccination

Pneumococcal vaccination

C

A six-year-old boy is brought in by his father to the clinic for left ear pain and drainage. After a thorough HEENT assessment, the FNP suspects otitis media. The FNP knows that which of the following is NOT true regarding otitis media?

Movement of the auricle and tragus is painful.

Tenderness behind the ears is present.

Bone conduction is equal to or longer than air conduction.

Sensorineural hearing is intact.

A

A 60 y/o patient complains of feeling dizzy. The nurse practitioner (NP) wants to clarify what the patient means by dizzy and will ask:

"Do you feel dizzy or lightheaded?"

"Do your symptoms get worse when you move your head?"

"Do you have any ear drainage?"

"Do you have any bruising."

B

A 40-year-old Hispanic male is visiting you in clinic for the first time. Patient denies any past medical history, surgical history and any allergies. You're examining your patient's thyroid. As you palpate over the thyroid gland it feels firm and no nodules are felt.

Patient denies any tenderness as you palpate. What diagnosis are you to consider?

Thyroiditis

Graves' Disease

Hashimoto Thyroiditis

Normal finding

B

Williams is 27 -year-old construction worker shows up in your clinic complaining of pain to his eyes. His eyes are very red and appear irritated. He states, "He feels like there is something in his eyes." Which of the following is the most appropriate intervention by the Nurse Practitioner?

Perform a physical examination including and eye exam.

Apply a warm compress, prescribe an antibiotic eye drops and send him home

Perform a focus examination of the eye, history of present illness, and attempt to remove the foreign body following the fluorescein staining procedure

Refer him to an ophthalmologist

C

A 24-year-old male patient presented to a clinic for his annual check-up. A nurse practitioner is palpating the apical impulse. Where should the NP palpate?

A) Third left intercostal space at the midclavicular line

B) Forth left intercostal space at the sternal border

C) Fourth or fifth left intercostal space at the midclavicular line

D) Fifth left intercostal space at the sternal

border C

Which of the following patients meet the 2009 Diagnostic Criteria for metabolic syndrome?

A man with a waist circumference of 38 inches, a fasting glucose 104 mg/dL, triglyceride levels of 156 mg/dL, and HDL cholesterol of 56 mg/dL

A woman with a waist circumference of 37 inches, on metformin, blood pressure of 121/80 mm Hg, and triglyceride levels of 131 mg/dL

A woman with a waist circumference of 32 inches, fasting glucose of 113 mg/dL, HDL cholesterol of 41 mg/dL, and triglyceride levels of 155 mg/dL

A man with a waist circumference of 33 inches, a fasting glucose of 98 mg/dL, on fenofibrate for high triglyceride levels, and blood pressure of 125/74 mm Hg

C

At the Telemetry unit, the NP student is watching the cardiac monitor and notices that the rhythm suddenly changes to no P waves and the QRS complexes become wide.

The ventricular rate is more than 140 bpm with a regular rhythm. Which following dysrhythmia does the patient have?

a. Sinus tachycardia

b. Ventricular fibrillation

c. Ventricular tachycardia

d. PVC

C

A 40-year-old male patient with a family HTN history presents in the clinic for an annual check. When reviewing his EKG strip, the APN finds the p waves and QRS complexes are regular with the PR interval is 0.16 seconds. His overall heart rate is 62 bpm. Which following action should the APN take?

a. Notify the healthcare provider

b. Check the patient's vital signs

c. Check his lab results

d. Continue to follow up on the patient's rhythm. D

A 55yr old brought in by ambulance to the emergency room, complaining of acute onset of anterior chest pain, feels like his chest is tearing/ripping apart, pain also radiating to the back. This type of pain is present in what cardiac emergency?

A. Pulmonary Embolism

B. Angina Pectoris

C. Acute aortic dissection

D. Pneumothorax

C

A 70-year-old female is brought into the primary care clinic by her daughter due to fatigue, nausea, vomiting, and jaw pain. The patient's daughter reports that her mother probably has indigestion after having eaten sea food the evening before. As the evaluating nurse practitioner, you should:

Advise the patient to hydrate, rest, and take Pepto-Bismol for symptom relief

Add "sea food" to the patient's list of food sensitivities and advise her to avoid it in the future

Refer the patient to the dentist, as the jaw pain may be related to a tooth infection

Perform a 12 lead ECG and investigate the possibility of acute coronary syndrome D

A 70-year-old male with a history of uncontrolled diabetes presents to the clinic with wound discovered by his wife over the base of his right foot. The patient denies any pain. On exam you inspect this. What differential would be appropriate for this case?
Neuropathic Ulcer

Chronic Venous
Insufficiency Chronic Arterial
Insufficiency Burn Injury

A

Mrs. Pargas is a 76 years old female, a retired bank associate, who presents to the clinic complaining of heartburn and epigastric pain. The patient reports she has never had this symptom before. She was a smoker, quit 5 years ago. Has HTN and HLD, for which she takes medicine. What is the next action for the FNP to take?

Refer to Gastroenterologist

Order STAT EKG

Ask when was the last time HTN and HLD medicine taken

Refer to a Cardiologist for atypical symptoms of a heart attack in women

B

An 18-year-old thin tall Caucasian male patient come with a suspected spontaneous pneumothorax. What would be the expected percussion note

flat

dull

hyper resonant

resonant

C

A 70-year-old female presents to your ER complaining of increased shortness of breath. Her past medical history includes smoking one pack a day for 30 years. You suspect lower airway respiratory failure. Which of the following best described lower airway respiratory failure?

A) Drug overdose

B) COPD

C) Hemothorax

D) Brain trauma

B

Mr. Kinder comes in complaining of Shortness of breath. Chest x-ray shows a large pleural effusion on his right side. A Thoracentesis is indicated; which landmark is used to drain the fluid?.

A) 2nd intercostal space

B) 11th and 12th intercostal space

C) between the 7th and 8th intercostal space

D) Between 4 and 5th intercostal space. C

An 83-year-old man is admitted to the hospital after losing his wife a week ago. He states that he has been coughing for the last three nights and it has been making him feel short of breath. After doing a sputum sample, you note the sputum color is yellowish-green in color. This is most common in what type of diagnosis?

Viral infections

Common cold

Bronchitis

Bacterial pneumonia

D

During expiration the diaphragm contracts true or False

a. True

b. false

FALSE

Timmy is a 35 years old male patient who presents to the urgent care with a complaint of RUQ pain 7/10. The pain started 2 hours ago and radiated to the right shoulder. He also feels nauseous. He had dinner with friends in the Cheesecake Factory tonight.

During the physical examination, you do not feel any tenderness on palpation in the RUQ. You ask Timmy to take a deep breath while deeply palpating his RUQ again. He experiences severe pain and a halt in inspiration. What diagnosis is most likely?

Acute appendicitis

Chronic Liver cirrhosis

Acute Cholecystitis

Acute Pancreatitis

C

Indicators of oropharyngeal dysphagia include all the following, except?

Drooling

Nasopharyngeal

regurgitation Cough from

aspiration Herpes simplex

D

The NP student provides discharge teaching for a patient with newly diagnosed Crohn's disease about dietary measures to implement during exacerbation episodes. Which statement made by the patient indicates a need for further instruction?

a. "I should increase the fiber in my diet."

b. "I will need to avoid caffeinated drinks."

c. "I'm going to learn some stress reduction techniques."

d. "I may have exacerbations and remissions with Crohn's disease." A

You know these terms very well!

Select these 2

The Acute Care Nurse Practitioner is assessing a 26 year-old male admitted to the cardiac unit for further workup of shortness of breath, increased work of breathing and a history of dilated cardiomyopathy. What would be an appropriate action to take to ensure you are building good rapport with the patient and creating a comfortable environment?

- a. Move physical barriers out of the way and sit at eye level.
- b. Have a confidential conversation in the ICU hallway.
- c. Keep arms crossed.
- d. Get right to the point without introducing yourself, the patient has been waiting to see you!

A

A 67 year-old female pt. presents to the Endocrinologist clinic for follow-up after a recent diagnosis of Diabetes Mellitus Type 2. The patient states: "I don't know how I'll be able to follow a low sugar diet. I live with my daughter's family, and they usually order take-out for all of our meals." Under which category of the patient's history will this concern be entered?

Family History

Chief Complaint

Personal and Social History

Review of Systems

C

The following information is recorded in the patient's chart, "The patient has had a pulsating headache for one week. The headache lasts for one hour at a time; it comes and goes. The severity is 8 on a scale of 1 to 10. It is accompanied by aura, nausea, and vomiting. Which of these categories does it belong to?"

A) chief complaint

B) history of present illness

C) review of the system

D) family history

B

A 21-year-old woman felt embarrassed and scared with her first pap smear exam. She said she never had to have an exam down there before. What should the NP do to minimize her fear?

A) Provide statistics on how effective a pap smear is in the early detection of STDs and cancer.

B) Assure the patient that everything will be alright and that you have pap smear experience.

C) Provide the patient with her laboratory findings.

D) Explain how the examination will proceed, what is about to happen, and ask if she has any questions before you proceed.

D

Which of the following items of patient information would be documented as subjective data?

A) Patient complaints of abdominal pain 5/10

B) The patient has jugular venous distention

C) A positive D dimer test

D) Nonpalpable pedal

pulses A

An Indonesian woman came to the ER with her husband and 10-year-old daughter, complaining of abdominal pain and a heavy period. The spouse refused to utilize a

medical interpreter and continued to answer everything. Only Indonesian is spoken and understood by the patient. Which of the following people should the NP use to obtain a history from this patient?

- A) The patient's 10-year-old daughter
- B) The patient's husband, who speak both English and Indonesian
- C) A male IR technician working in ED
- D) Female interpreter who speaks Indonesian and is available by phone

The following information is best placed in which area in the patient's past medical history? "The patient has asthma."

- A) Surgical
- B) Obstetric/ Gynecologic
- C) Medical
- D) Psychiatric

C

A 65-year-old male patient with peripheral vascular disease presents to preop with results from POCT (point-of-care testing) that revealed unusual CBC results. As the reviewing clinician, what are your next steps?

- A) Assume the results are correct and treat accordingly
- B) Call a rapid response
- C) Have the bedside RN redraw the CBC and send to lab stat
- D) Chart review the patient's most recent vital

signs

c
A 73-year-old female patient s/p mitral valve replacement (mechanical valve) has had a difficult time maintaining a therapeutic INR. She has had suprathereapeutic results that has required admittance to the hospital. If the patient stated that her diet comprised greatly of which foods, would require patient education?

- A) Garlic and ginkgo
- B) Ginseng and St. John's wort
- C) Red wine and carrots
- D) Chicken and yogurt

a

A patient that is wheelchair bound comes to see you. What can the NP do to make them feel comfortable?

- A) Propel the wheelchair from the waiting area to the examination room
- B) Speak loudly and clearly so that they can hear you
- C) Make sure there is a clear path of access to the room
- D) Separate the patient from their personal wheelchair into the hospital's

wheelchair

c
One method a nurse practitioner can use to establish patient rapport would be

- A) Avoid first names, instead, use overly familiar names such as "dear" and "sweetie"
- B) Establish preferred names and gender pronouns
- C) Provide an environment with soft classical music
- D) Ask caregivers for clarification instead of the

patient

b

A 13-year-old female and her mom arrive for a clinic visit where you as the nurse practitioner notice that the mom is answering all of your questions instead of the patient. At this time, what would be the best actions?

- A) Continue with your assessment
- B) Ask open-ended questions and make eye contact with the patient
- C) Acknowledge mom's concerns but ask that she step out while you speak with the patient alone.
- D) Call security and have mom removed c

A month ago, a 40-year-old female presented to a clinic for newly diagnosed esophageal cancer was brought by her sister. The patient still cannot accept her diagnosis and lost 15 lbs in a month. The patient is a single mom and expresses concerns about her only son, who is five years old. How do you apply to conduct the assessment?

- a) Talk to the patient about your experience and tell her to follow your strategies.
- b) Suggest the patient have a second opinion.
- c) Utilize therapeutic communication, such as active listening, to encourage the patient to express her feelings.
- d) Explain her treatment plans, side effects, and prognosis. C

A 50-year-old female comes to your clinic for the first time. You are going to examine the patient in the room. The patient complains of difficulty swallowing, shortness of breath, and headache for three days. The pain level is 4 out of 10. BP 135/78, HR 92, RR 18, O₂sat 98% on RA, Temp 97.8F. How do you prepare to collect the pertinent information from this patient?

- a) Greet the patient and negotiate plans of action.
- b) Start the interview with initiation the session, gathering information, physical examination, explanation, and planning, and closing the session
- c) Start having the interview by calling the patient "sweetie" or "dear" to get more detailed information.
- d) Start a conversation with the conclusion so that patients can get their clear treatment plans.

B

3. You are about to have an interview with a male patient who is 30-year-old come to your clinic for an annual check-up. The patient started talking about his concerns. BP 148/82, HR 87, RR 19, temp 98.6, and pain 3/10. Which one do you select as the objective information?

- a) feelings
- b) chest pain
- c) itching
- d) tenderness on palpation of the right lower quadrant of the abdomen D

4. A 61-year-old male patient comes to your clinic. The patient complains of shortness of breath, dry cough, chest pain, and orthopnea for two days. The pain is not radiating to the jaw or shoulders, but the pain level is 5 out of 10. The patient takes a CXR. Which one do you select the diagnosis following these options?

p effusion.jpg

- a) Cardiomegaly
- b) Pneumonia due to coronavirus disease 2019
- c) Pleural effusion
- d) Hydropneumothorax-

C

A 16-year-old female patient is nearing death due to a motor vehicle accident. The family is suffering from this tragedy. List Kubler-Ross's five-stage model in the correct order, which this family will demonstrate their psychological transition.

- a) Anger, denial and isolation, bargaining, depression or sadness, and acceptance
- b) Denial and isolation, bargaining, anger, acceptance, and depression or sadness
- c) Denial and isolation, anger, bargaining, depression or sadness, and acceptance
- d) Depression or sadness, denial and isolation, anger, bargaining, and acceptance C

A 65-years older man visits the clinic for his annual physical exam. During the health history interview, the patient stated that he is sexually active. He denies using recreational drugs and smoking but drinks alcohol (beers) four times a week.

Which category does this information belong to:

- A Social history
- B Chief complaint
- C Review of system
- D History of Presents illness

A

. A 35 years-old woman visits the clinic to follow up on her colonoscopy result. the patient states, "I have a hard time sleeping, and I am not able to sleep in the last three nights." Which response by the nurse shows a therapeutic communication response to this patient?

- A. I see
- B. Really?
- C. People your age should not have a problem sleeping
- D. You are having difficulty sleeping? it must be hard for you D

The patient says to the nurse, "I am going to die. Cancer already spread and there is no hope for me."

The nurse responds to the patient: "Don't worry. Everything will be all right." what is the example of the Nurse Practitioner communicating with the patient?

- A. The therapeutic technique of giving advice
- B. The therapeutic technique of reassurance the patient
- C. The nontherapeutic technique of reassurance the patient
- D. The therapeutic technique of comforting the patient C

The nurse assesses a postoperative adult patient. Which of the following is an example of subjective data:

- A. Hemoglobin 7.0
- B. Alert and oriented

- C. Shortness of breath
- D. The blood pressure reading 100/60 C

A 20 years-old female has had a headache for two weeks since the start of her period. The pain scale is about 6 to 7 for the scale of 1 to 10. It lasts for 20 minutes at a time and is accompanied by nausea. Which of the following categories does it belong to?

- A. History of Present illness
- B. Chief of complaint
- C. Personal and social history
- D. Review of system

A

For which of the following patients would a comprehensive health history be appropriate?

- A. A new patient with the chief complaint of "sore throat"
- B. An established patient with the chief complaint of "I have an upper respiratory infection"
- C. A new patient with the chief complaint of "I am here to establish care"
- D. A new patient with the chief complaint of "I have knee pain" C

The following information is recorded in the health history: "The patient completed 8th grade. She currently lives with her husband and three children. She works as a receptionist during the week. She does yoga on her spare time." Which category does it belong to?

- A. Present illness
- B. Chief complaint
- C. Review of Systems
- D. Personal and social history D

During an interview, the nurse states, "You mentioned shortness of breath. Tell me more about that." Which verbal skill is used with this statement?

- A) Open-ended question
- B) Direct question
- C) Facilitation
- D) Yes/no question A

The nurse practitioner is interviewing a patient who has a hearing impairment. What techniques would be most beneficial in communicating with this patient?

Find out The patient's preferred method of communication.

Hand gestures and facial expressions may be degrading to the hearing impaired so avoid using them

For the patient With unilateral hearing loss sit opposite of the hearing side.

Speak loudly and with exaggerated facial movement when talking with him because this helps with lip reading

A

A 17-year-old student athlete arrives to the clinic complaining of 7/10 non-radiating right shoulder pain after sustaining an injury while lifting weights. He is visibly anxious about

his injury in light of the upcoming playoff tournament. Which of the following responses is appropriate for therapeutic communication?

- A You don't need to worry, the team will do fine without you.
- B You seem upset, how do you feel about this?
- C I will fix you up in no time, so you can play in the tournament.
- D Let's take a look at your shoulder.

B

Test A has a high sensitivity for disease B. A negative result for Test A will most likely mean what?

- A Rules OUT disease B.
- B Rules IN disease B.
- C Test A is not sensitive to disease B.
- D Test A is specific to disease B.

A

HEENT: normocephalic, atraumatic, PERRLA, extraocular muscles intact, anicteric sclera, no conjunctival pallor, mucus membrane moist, no oropharyngeal redness or tongue exudate. You will find this piece of information in which category?

- A Family History
- B Social History
- C Subjective Data
- D Objective Data

D

Code Stroke is alerted in the hospital for patient with new left sided weakness and facial droop. Which of the following diagnostic test should be ordered first for the patient?

- A MRI of the head
- B Echocardiogram
- C CT scan of the head
- D Carotid artery doppler ultrasound

C

Under a SOAP note, you write the following for a patient with atrial fibrillation: Monitor on telemetry, continue home medication, follow up EKG, ICD interrogation. You will find this information under which category?

- A Subjective
- B Objective
- C Assessment
- D Plan

D

Leah is a 35-year-old anxious appearing female who presents to the Emergency Department with sudden onset, intermittent, burning, non-radiating, substernal chest pain which is worse after eating and lying flat. When performing a physical exam on Leah, the APN utilizes a draping technique with a bedsheet when assessing her trunk and abdomen. What is the primary benefit of draping?

- a) It hides odorous scents from certain areas of the patient's body.
- b) The patient may feel warmer
- c) It allows the provider to visualize one area of the body at a time while preserving the

patient's modesty

d) It is considered another form of personal protective equipment C

. After conducting a history of present illness, the Advance Practice Nurse (APN) conducts a Review of Systems. The APN understands the importance of Review of Systems questions because:

a) it may uncover problems that the patient has overlooked, particularly in areas unrelated to the present illness

b) the APN can bill higher for the visit

c) it shows the patient that the provider cares, since more questions are asked

d) it provides factual, objective

data A

Luke is a 25-year-old male with no significant past medical history. He presents to the Emergency Department reporting a gradual onset, right upper quadrant abdominal pain associated with nausea and vomiting. On physical exam, the Advance Practice Nurse (APN) noted a positive Murphy's Sign. Which cardinal technique of examination was utilized to obtain this finding?

a) Inspection

b) Auscultation

c) Percussion

d) Palpation

D

The Advanced Practice Nurse (APN) conducted a comprehensive physical exam on a patient and is now formulating an assessment and plan. The APN knows all of the following are tips to ensure quality patient data EXCEPT:

a) Ask open ended questions and listen carefully to the patient story

b) Keep an open mind toward patient and clinical data

c) Analyze any mistakes between data collection or interpretation

d) Assume the patient is lying about social history if the patient is part of a lower socioeconomic population

D

The Advanced Practice Nurse (APN) is formulating a problems list for a patient. The APN knows that a problems list:

a) Allows for maximum billing capability

b) Helps individualize care and provides a quick summary of the patient's clinical history

c) Only needs to be done if provider is an NP or PA

d) Is necessary only when the patient has more than 3 clinical issues B

1. The nurse practitioner student reviews the patient's identification data, problem list, checks appearance before entering the patient's room, greets the patient appropriately and arranges the room at a proximity most appropriate and comforting to the patient. Identify which stage of the clinical encounter is described.

a. Gathering information

b. Performing the physical examination

c. Initiating the encounter

d. Closing the encounter

C

patient with obesity, hypertension, hyperlipidemia, diabetes, and asthma is educated by the family nurse practitioner about the importance of changing lifestyle such as diet and exercise to reduce poor health outcomes. The patient states repeated attempts at eating healthy but doesn't understand how to read food labels. The FNP classifies the patient as:

- a. Confused
- b. Talkative
- c. Having low health literacy
- d. Discriminatory

C

A 16-year-old male is being interviewed by the nurse practitioner student about intentionally ingesting 30 acetaminophen tablets two hours prior to his arrival in the ER. Which following option demonstrates the most appropriate open-ended question to ask for the NP student to gather additional information about what led to the adolescent's action?

- a. "Have you done this before?"
- b. "Do you have any pain?"
- c. "Do you have a support system at home?"
- d. "There are times people feel they are not worthy of living. Tell me how you feel about living?"

D

The NP distinguishes which of the following as a chief complaint?

- a. 18-year-old female positive for gonorrhea in 2018
- b. 52-year-old female whose mother died of ovarian cancer
- c. 45-year-old male who occasionally smokes tobacco and marijuana
- d. 29-year-old complaining of left lower quadrant pain for the past six hours

During morning rounds, the NP walks into the patient's room to find the patient inconsolably crying and states she just found out her mother died from cancer that morning. Which of the following describes an empathic response from the NP?

- a. "Now I would like to examine you."
- b. "Don't worry. This too shall pass."
- c. "I will see you tomorrow."
- d. "I cannot imagine how hard this must be for you."

D

A family nurse practitioner (FNP) is seeing a patient at the clinic and during the session, the patient mentions that she is experiencing financial hardship after being laid off from her job. The FNP replies "This seems to be a difficult time for you." Identify the skilled interview technique being used.

- A Summarization
- B Partnering
- C Empathic Response
- D Transition

C

An 89-year-old male patient was admitted into the intensive care unit (ICU) for a hemorrhagic stroke. Upon assessment, the acute care nurse practitioner (ACNP) notes that the patient is confused. and therefore, is unable to obtain a health history. What would be the ACNP's next appropriate action?

- A Obtain a health history another time
- B Ask the patient, "Do you have dementia?"
- C Check if a family or caregiver is present
- D Ask the primary nurse for the patient's health history

C

. A patient with a history of anxiety presents to the clinic for an annual checkup. During the checkup, the patient denies specific complaints and mentions that she last experienced anxiety symptoms two years ago. When documenting the Chief Complaint (CC), the nurse practitioner would write:

A KC is a 21-year-old female with a history of anxiety who states "I have been managing my anxiety pretty well."

B "I am anxious"

C KC is a 21-year-old female with a history of anxiety who states "I am here for my regular checkup."

D "I am here for my regular checkup."

D

A nurse practitioner is assessing a patient's readiness to quit drinking alcohol. The patient has a history of unhealthy alcohol use and has attempted multiple times to quit drinking. In today's visit the patient states, "I am ready to quit." Based on this response, the nurse practitioner will:

- A Assist in quit attempt
- B Assess willingness to quit
- C Follow up with the patient's progress in a few months
- D Advise to quit drinking

B

When asking about the past medical history, the FNP is informed that the patient is allergic to penicillin because "it makes me very nauseous". What would be the FNP's best response?

A "What you're experiencing is not an allergic reaction, but a common side effect of penicillin."

B "What do you do to treat the nausea?"

C "Let's make sure that goes under your list of allergies."

D "Make sure you eat before you take penicillin."

A

The FNP student nurse practitioner is about to perform a physical examination on a 86 year-old patient with a history of colorectal cancer and chronic heart failure in the clinic. What would indicate the patient would need a comprehensive exam versus a focused exam?

Patient is complaining of abdominal pain

Patient is here for a wellness visit

Patient complains of SOB

Patient is having visual changes

B

A 35 year-old Female who recently started a new career, comes into the emergency room with a chief complaint of "feeling palpitations, hyperventilating, sweating, nervousness, and trouble concentrating". Once the primary symptoms have calmed and the patient is able to answer question, what would be an example of an open-ended questions a nurse practitioner can ask to learn more about the symptoms this patient is experiencing?

- a. Have you experienced these symptoms before?
- b. When did you start your new job?
- c. Can you tell me about any recent changes or stressors you've experienced?
- d. Are you taking any medications?

C

A 17 year-old male competitive runner is at his annual physical prior to the start of his senior year of high school after a move to Boulder, CO from Los Angeles a few months prior. When analyzing the lab results from his blood work, the nurse practitioner will recognize which change as expected:

- a. An increase in Hbg and hematocrit
- b. A decrease in TSH
- c. An increase in urinary creatinine
- d. A decrease in

FSH

A 7 year-old boy arrives to the emergency room with sudden, acute, severe lower right sided abdominal pain, nausea, vomiting, loss of appetite, and a fever of 100.5 F. The nurse practitioner suspects these symptoms as possible presentation of acute appendicitis. What imaging will the Nurse practitioner preferred first order?

- a. CT scan
- b. Ultrasound
- c. MRI
- d. X- Ray

B

Ms. Jones is a 50-year-old female who comes to your clinic for the first time while guarding her left flank. You are an Advanced Practice Registered Nurse (APRN) and need to establish an agenda for the patient encounter. You greet her and introduce yourself as she sits down. Which of the following is the best example of an open-ended question you would ask her next?

- a. Are you having flank pain?
- b. What brings you into the clinic today?
- c. Can I get you something for your back?
- d. What is your weight?

B

Timothy is a 30-year-old male with no past medical history who presents to the Emergency Department (ED) with severe left shoulder pain after falling from his skateboard. An x-ray confirms a left shoulder dislocation. You are working as an APRN and discuss with a physician that Timothy will require conscious sedation for a left shoulder reduction procedure. You meet with Timothy to inform him of his diagnosis, any risks, benefits, and alternatives to the recommended procedure. Which of the following core values of medical ethics are you demonstrating?

- a. Beneficence
- b. Justice
- c. Nonmaleficence
- d. Informed consent

D

Donald is a 46-year-old patient with a history of anxiety that presents to the ED with a sudden onset of 8/10 constant, non-radiating chest pain. You inquire about his allergies to medications, and he tells you that he is allergic to morphine. You ask him what reaction he experiences to morphine, and he tells you it makes him nauseous. What would be your best response to Donald?

- a. Okay, I will document morphine as an allergy in your chart.
- b. Nausea is a common side effect of morphine. It is not a true allergy.
- c. Okay, I will make sure you do not receive morphine for your pain today.
- d. What other medications are you allergic to?

B

Suzy is a 34-year-old female with a history of alcoholism who presents to the ED complaining of persistent nausea and indigestion over the past week. She also informs you that she has been unable to keep anything down. During the examination, she asks you for an emesis bag and says she needs to vomit. You then note a large amount of coffee-ground, dark brown liquid in the emesis bag. Which of the following information do you record as objective data in her chart?

- a. Coffee ground emesis
- b. Inability to tolerate food/liquid
- c. Nausea
- d. Indigestion

A

Mr. Smith is a 50-year-old male who is an active tobacco user and presents to the ED with a complaint of shortness of breath when he walks up the stairs. He informs you that he first noticed feeling out of breath when he was climbing up the stairs to his apartment. You inquire about his tobacco use. He informs you that he has been smoking for the past 5 years, about one 1-pack day. You then ask him if he has considered smoking cessation. Mr. Smith responds, "I am concerned about the effects of smoking on my health, but I am not ready to make any changes right now".

According to the Transtheoretical Model for Behavioral Change, which stage is Mr. Smith currently in?

- a. Precontemplation
- b. Preparation
- c. Contemplation
- d. Action

C

A 38-year-old female bus driver presents to the clinic for a routine visit six months after losing her husband from cancer. She says that she has a good support system. Suddenly, she becomes tearful when speaking about the plans her and her husband had and never fulfilled. She changes her subject rapidly whether her mammogram is due. As an APRN which of the following is an example of an empathetic response to the patient?

- a) Recognizing the patient's emotions by asking how she feels about the situation.
- b) Allow the patient to cry.
- c) Believing that these emotions are normal and expected due to spoused death.
- d) Continue with the assessment and ignore the patient's feelings. A

A 26-year-old homeless comes to the clinic for checkup. He stated that there is a nonhealing wound on his arm that has smelly drainage. The APRN assess the site and notices the wound is an abscess 4cm x 3 cm, inflamed, warm to touch and foul smell. The APRN prescribes antibiotics for 7 days only without further interventions or teaching. Based on common types of clinical errors which error has the APRN committed?

- a) Confirmation Bias
 - b) Anchoring Bias
 - c) Visceral Bias
 - d) Availability
- Heuristic C

A 55-year is female who is blind, comes to the clinic for an annual physical. She is accompanied by her caregiver. The APRN enters the room and verbally introduces herself to the patient and caregiver. The following methods are used to establish rapport with the blind patient EXCEPT?

- a) Do not leave the room without letting the patient know.
- b) Ask the patient if she needs help or assistance prior to assisting.
- c) Be ready to provide information regarding care and treatment such as (Braille, large print, or audio file).
- d) Direct all the questions to the caregiver instead of the patient. D

45-year male with history of COPD, HTN, and GERG comes to the clinic for a colonoscopy. The APRN understands that when she documents this procedure it will fall under which section of the electronic health system (EHR) ?

- a) The Review of Systems
 - b) Health Maintenance
 - c) Past Medical History
 - d) Social
- History B

The APRN arranges a family meeting to discuss the goals of care of a 30-year-old AJ who has stomach cancer. Chemotherapy was no longer effective, and the cancer

spread everywhere. When communicating with the patient and the family how will the APRN deliver the news?

- a) AJ cancer spread and she has little time to live.
- b) Since AJ's cancer spread and there is nothing, we can do is best to put her in hospice.
- c) I 'm sorry I have to tell you this. I was hoping AJ's cancer did not spread.
- d) AJ's cancer spread and is best for her to be home. C

1. The student NP is initiating their session with a 65-year-old male named Mr. Timothy Smith, who goes by Tim and Timothy. Which of the following vocabulary would be inappropriate to use for this patient?

- a. Honey
- b. Mr. Smith
- c. Timothy
- d. Tim

A

. A young female patient enters your clinic with a chief complaint about heavy, painful periods and feeling depressed. She is 13 years old and is accompanied by her mother, who brought her in. Her mother talks over her daughter and describes the patient's symptoms, and when you address her daughter, she continues to answer for her. What is the best option for the NP to assess this patient appropriately?

- a. Continue to address the mother with questions regarding the patient since the patient is a minor
- b. Ask the mother to leave to assess and question the patient privately and indicate to the mother that she will have an opportunity afterward to ask questions.
- c. Ask the patient if she wants her mother to continue to speak for her
- d. Call social services on the mother for being overbearing B

You assess a patient who appears very quiet and has difficulty expressing their concerns. After reviewing the patient's chart and chief complaint, you still have more questions you wish to ask the patient. You decide to use open-ended questions in an attempt to get more information out of your patient. Which of the following would be the best form of a question to ask for this patient?

- a. Does your chest hurt?
- b. Have you had this problem before?
- c. You are quiet, what are you thinking about?
- d. What types of medications do you take? C

You are examining an obese female patient with a BMI of 45. On examination, you pay particular attention to her distribution of fatty tissue, and you notice most of her adipose tissue is concentrated around her abdomen and torso. Based on this assessment finding, you know the patient is most at risk for which of the following?

- a. Constipation
- b. Inguinal Hernia

- c. Obstructive Sleep Apnea
- d. Metabolic Syndrome

D

You are examining your patient, and based on the patient's symptoms, you begin developing your diagnosis and differential diagnoses. As a practitioner, you know that you must include which of the following in your differential diagnoses.

- a. "The worst-case scenario"
- b. Genetic diagnoses based on family history
- c. Most likely diagnosis
- d. Least likely diagnosis

A
You are going to meet a new patient today. Mr. Smith is a 35-year-old male who wants an annual checkup. You realize that all health providers should avoid implicit and explicit biases. Which of the following statement is an example of explicit bias?

- A You are audibly sighing in frustration about Mr. Smith's alcohol use disorder
- B Mr. Smith is at risk of HIV because he is homosexual
- C Mr. Smith tells you that he is married, and you assume his partner is a female
- D You think Mr. Smith is less likely to adhere to medical advice because he is low-income

B
As a healthcare provider, you will encounter situations that call for ethical principles. Which of the following is not the core values of medical ethics?

- A Justice
- B Confidentiality
- C Decisional capacity
- D Social status

D

The use of appropriate language in clinical can improve the effectiveness of the encounter and enhance patient rapport. Which of the following is the best demonstration?

- A Refer a patient who uses methamphetamine regularly as a "drug abuser"
- B Ask a patient "Does your chest pain radiate?"
- C Call a quadriplegic patient "the disabled"
- D Use the term "person with short stature" on Turner syndrome patient

D

Which of the following is not an example of the preanalytic error of laboratory tests?

- A Wrong patient's identity on the urine sample
- B Contaminated blood culture sample
- C Wrong hemoglobin result is informed during telephone reporting
- D Illegible handwriting on the requisition of wound culture

C

Ms. Good is a 70-years-old female patient who has been diagnosed with ESBL urinary infection recently. She returns to your office today to follow up. Before beginning the

physical examination on her, which action is not appropriate?

Adjust the lighting and temperature of the examining room

Put on a surgical mask and gloves only as of the personal protection equipment

Check the stethoscope to make sure it works

Perform hand

hygiene B

What are the steps and proper sequence of the clinical encounter between NP and patient?

A. Explaining/planning, initiating the encounter, gathering information, performing the physical examination, and closing the encounter

B. Initiating the encounter, performing the physical examination, gathering information, explaining/planning, and closing the encounter

C. Gathering information, initiating the encounter, performing the physical examination, explaining/planning, and closing the encounter

D. Initiating the encounter, gathering information, performing the physical examination, explaining/planning, and closing the encounter

D

A Family Nurse Practitioner is seeking ways of mitigating biases in their clinical encounters. Which of the following is NOT an effective skill and practice in mitigating bias?

A. Reflecting on patterns of emotion and behavior

B. Pausing before the start of an encounter and prepare for the potential triggers of the bias

C. Making assumptions of the patient based on their body language and appearance

D. Exploring the patient's experiences of

bias C

A 25-year-old male comes into the clinic with a chief complaint of pain upon urination. The Family Nurse Practitioner asks the patient how long his symptoms have lasted and when his symptoms began. The Family Nurse Practitioner is asking the patient which part of the adult health history?

A. Past Medical History

B. History of Present Illness

C. Chief Complaint

D. Review of Systems

B

A 65-year-old female comes into the Emergency Room with reported shortness of breath. The patient is an active smoker with a history of Asthma and Coronary Artery Disease. The Nurse Practitioner is writing the history of physical illness. Which symptoms would be considered a pertinent negative?

A. Episode of palpitations for less than a minute followed by facial flushing

B. No fever, cough with sputum production, nausea, or vomiting

C. History of Coronary Heart Disease

D. History of Asthma

B

A follow-up appointment with your 19 year old patient revealed that she had prematurely stopped taking her Bactrim for her UTI. When asked why she had ended her antibiotics allergy, she responds "I stopped the medication early because I think I might be allergic since I had nausea and diarrhea right after taking the medication." What is the best response by the Nurse Practitioner?

- A. "You're right, you may be allergic. Let me switch the medication to something else"
- B. "You may be experiencing an expected side effect of the medication. How long were you taking the antibiotic?"
- C. "It isn't an allergy to the medication since you didn't have trouble breathing, hives, or rashes"
- D. "You were correct in stopping the antibiotic prematurely"

During the initial patient encounter, what type of an exam should the NP perform?

- A. Comprehensive assessment
- B. Focused assessment
- C. Routine assessment
- D. Urgent assessment

A

A 67-year-old Hispanic female came to see you for right clavicle pain, she is exclaiming "Oh Dios Mio," and says that she feels like she is dying of a heart attack. Following a line of questioning to eliminate myocardial and musculoskeletal involvement, you conclude that the patient has low pain tolerance and is being dramatic based on some anecdotes you heard in NP school. Assuming that the patient's pain is overstated because the patient is Hispanic is considered

- A. Bias
- B. Value
- C. Mood
- D. Racism

A

During a routine wellness visit, you notice the patient is saying confusing and bizarre things such as, "my bellybutton feels like a walnut reindeer... does the Virgin Mary discombobulate dream daylight?" What's best to consider when further interviewing this patient?

- A. The possibility of a psychiatric or neurologic disorder
- B. The patient may not be a reliable historian and it's best to move on to the physical part of the assessment and to ask their caregiver or another informed source about pertinent history.
- C. Ask the patient to rephrase their response and tell them that they are not making any sense
- D. It's a sprain, definitely a sprain...
- E. A and B

E

Your nursing instructor witnessed your patient interview in which you almost never looked up from the computer and kept typing as the patient was speaking. Afterward, she commented that you need to practice more active listening. Active listening means the following

- A. Jogging in place while looking at your watch
- B. Attempting to feel the patient's pain as your own and responding in a supportive manner
- C. Asking your patient more yes/no type questions
- D. Closely attending to what the patient is communicating

A 36-year-old male is in urgent care due to pain he describes as "intense" and not improving over the last 24 hours with any positional changes or medication. This pain is most indicative of:

- A. Ischemic pain
- B. Colic pain
- C. Inflammatory pain
- D. Painful Myocardial Infarction

A

A 56-year-old female has an 1100 appointment scheduled in your office today. Her chief complaint is, "discomfort when urinating." The medical assistant walks the patient back into the exam room and collects the following vital signs: Oral temperature of 97.9 F, heart rate of 67 BPM, blood pressure 118/78 mmHg, and O2Sat of 98% on room air. In the general structure and sequence of the clinical encounter, you have set the stage and greeted the patient. What is the next action to take?

- Negotiate a plan of action
- Establish initial rapport
- Review the patient's clinical record
- Perform the physical exam

C

An 89-year-old male is brought in by ambulance into the emergency department for a syncopal episode at home. The patient's wife contacted 911 after she found him, "down in the hallway and not responding." Upon your assessment, the patient tells you, "I felt lightheaded and dizzy before I passed out." As the Advanced Practice Nurse, you understand that this type of data is considered to be:

- The patient's chief complaint
- Subjective data
- Objective data
- Part of the patient's past medical history

B

A 32-year-old male admitted to the Intensive Care Unit after being found unresponsive after a cocaine overdose has recently been extubated after one week of mechanical ventilation for airway protection. You order a psychosocial consult for the patient to begin the plan for drug cessation. During the consult, the patient states, "I'm concerned about my behavior, but not ready to make any changes now." Under the Transtheoretical Model for Behavioral Change, this patient is in the stage of:

- Relapse
- Precontemplation

Action

Contemplation

D

78-year-old female is post-op day 2 recovering in the CCU from a coronary artery bypass graft x3. You receive a call from the primary nurse reporting critical labs. Hemoglobin 6.5 and hematocrit 19.5. The nurse also reports the patient's vital signs are stable and no visual signs of bleeding. You ask how the labs were collected and the nurse states, "I drew from the patient's cordis line." The next step to take would be:

Order STAT H&H repeat labs and indicate peripheral stick only

Order STAT 2 units PRBCs to transfuse

Call the CT surgeon and prepare the patient to return to the OR

Tell the RN to continue monitoring the patient, no orders at this time

A

A 56-year-old male is status post-emergent intubation at the bedside due to hypoxia. You notice unequal chest rise and cannot auscultate bilateral breath sounds. A STAT chest x-ray shows the following image:

Upon review, you identify the following:

Right tension pneumothorax

Left pneumothorax

Optimal location of the endotracheal tube

(ETT) ETT inadvertently placed in the right
bronchus D

Mary is a 44yrs old female with no medical history other than complaining about heavy bleeding and cramping abdominal pain with her periods for the past two months. This is Mary's first-time visit to the clinic. What type of assessment should the Nurse Practitioner provide?

a. A focused assessment because Mary is healthy otherwise with no other medical problems.

b. A routine assessment

c. A comprehensive assessment

d. An urgent assessment

C

Why do reviewing systems questions play a significant role in adult health history taking? Select the best answer and apply.

a. It may help to uncover the problems that the patient has overlooked.

b. This may help the provider know more about the patient's physical condition.

c. Often patients may forget to tell all their medical problems and complaints.

d. Knowing all systems helps the provider to prescribe the proper medications. A

William, a new FNP student, is doing a health assessment on an elderly patient at a clinic. While doing cardiac auscultation, he heard some cardiac murmurs. Being a student, what would be the best practice of William?

- a. Stop his assessment and ask his instructor to confirm that what he listened was right in front of the patient.
- b. William tells his patient that he heard some murmurs and will request a cardiac consultation.
- c. Tell the patient that murmurs are common for elderly patients and nothing to worry about unless he has any symptoms.
- d. William should continue his assessment and, in the end, request his instructor to confirm what he heard was right in private before making any conclusions.

D

Melany is a new NP student on her clinical rotation. She is about to do a patient's physical examination; before beginning the assessment, her instructor told her to examine the patient from the patient's right side. Melany asked her instructor why it was important? The instructor's best response was,

- a. Most patients are right-handed, and they feel more comfortable when you assess from the right side.
- b. have been practicing physical examination that way and found it very easy and convenient.
- c. This is the standard position for the physical examination and has several advantages compared to the left side.
- d. Most places examination rooms are designed to examine patients from their right side.

C

Vanessa is 46 years old at the clinic complained of the "worst headache of her life," with nausea and vomiting. While interviewing her, she mentioned 'trouble seeing' and episodes of confusion. She is a single parent of two teenagers and working two full-time jobs. Because of her headache lately, she is calling sick often and afraid to lose her job. She asked you to give her some 'strong' meds for her headache because over-the-counter medications are not helping her. What is your best response to this situation?

- a. You understand how important it is for Vanessa to keep her job and prescribe her some strong medications for headaches; ask her to follow up if her headache persists.
- b. After interviewing Vanessa, you found that she is very stressed out may need some time off from her work and offered her a note for some medical leave of absence.
- c. Based on her symptoms, you think it may be related to increased ICP,

sus C

J.D. is a 54-year-old male who comes into your clinic with a chief complaint of fatigue and shortness of breath when walking long distances or climbing stairs in the past few months. What part of the physical examination would be of importance to pay attention to?

Checking the cranial nerves are intact and that the patient has all spinal reflexes.
Auscultating the lungs bilaterally, listening for any adventitious lung sounds.

Placing the patient in a dorsal recumbent position to inspect for jugular venous pulsations, palpating the carotid arteries, and listening for carotid bruits. Then palpating the apical impulse in high-fowler's position, auscultating each auscultatory area with the diaphragm and bell of the stethoscope.

Placing the head of the exam table at 30 degrees to inspect for jugular venous pulsations, palpating the carotid arteries, and listening for carotid bruits. Then palpating the apical impulse and a

D

A 65-year-old male with a history of benign prostatic hyperplasia (BPH) presents to the outpatient clinic for routine screening for prostate cancer. After consulting with the clinician, the patient completes a PSA test in the outpatient lab. The resulting PSA value is 6 ng/mL (normal = <4 ng/mL). The clinician reviews the patient's PMH and recent events and lifestyle. What leads the clinician to believe that this is a falsely elevated PSA value and that a repeat test should be performed?

The patient had a prostate needle biopsy one year ago.

The patient is currently taking 5mg of finasteride daily for his BPH and prevention of prostate cancer.

The patient used to be a marathon biker in his 50's.

The patient had a recent ejaculation 24 hours prior to his PSA test.

D

The clinician is with a student NP preceptee, interviewing a patient in an exam room. While the student preceptor is performing the interview, which actions would require the preceptor to give constructive criticism and for the student NP to make corrections on next time?

The student NP leans forward as the patient talks, using head-nodding and phrases such as, "go on."

The student NP starts with open-ended questioning, then asks more specific questions, then asks yes-no questions to the patient.

The student NP makes sure to type the patient's responses in detail during the entire interview, ensuring that no answers are left out of the documentation.

The student NP validates the patient's emotional experience to show understanding and gain rapport.

C

Patient J.L. is a 49-year-old male who is being seen in the emergency department for a chief complaint of chest pain. He states that the pain started while he repotting his plants in the backyard. He said he has been seen for chest pain before, but the pain seems to be occurring more frequently, especially when doing work. What pertinent negatives are appropriate for this patient?

The patient denies any shortness of breath. He denies cigarette smoking. He denies any family history of coronary artery disease or ACS.

The patient denies headaches or loss of consciousness.

The patient states he feels intermittent chest pain when he exercises.

The patient denies recent exposure to an environment or with an individual with TB.

A

Which is an example of an appropriate and sufficient summary statement in the NP's documentation?

J.D. is a 35-year-old female with a history of uterine fibroids. The patient presents to with a chief complaint of vaginal bleeding.

J.D. is a 35-year-old female with a history of uterine fibroids, found in incidental CT scan 5 years ago. The patient believes she might be pregnant and presents with vaginal bleeding.

J.D. is a 35-year-old female who present to the emergency department for vaginal bleeding.

J.D. is a 35-year-old female with a history of uterine fibroids who presents to the emergency department for vaginal bleeding. She denies knowledge of pregnancy at this time and is G2P2 with 2 living children. She states her menstrual cycle is regular, with this bleeding starting 15 days after her last menstrual cycle and seems to be "a lot of bleeding". On examination, she is tachycardic and normotensive, with no disco

D

A patient comes in for a routine check-up. She begins talking about her upcoming plans this weekend to attend a funeral service for a close friend that unexpectedly passed away. She begins to cry and verbalizes that she is unsure how she can attend. As a concerned Nurse Practitioner, your approach is

- a.) Redirect the conversation to issues concerning her health
- b.) Refer her immediately to the Psychiatrist, she is hopeless
- c.) Allow her to vent and give her the time and space she needs during this difficult time
- d.) Call in her daughter from the waiting room and have her sit with her so you can move on to your next patient who has been waiting

C

Gathering information from a patient during an interview can be overwhelming. As a novice, it's difficult to take note of everything the patient tells you verbatim. All the following are important except

- a.) Maintaining good eye contact during the interview
- b.) Jotting down specific details including dates, symptoms, or words the patient uses
- c.) Explaining to the patient that it is important that you take notes during the interview so they understand you might look down at times to write
- d.) Use your memory to collect all the information that can be later documented in the patient's chart

D

A 56-year-old Hispanic woman comes into the clinic with a chief complaint of abdominal pain. She has her 10-year-old son at her side. She doesn't speak any English, but her son does and he is willing to translate. As a Nurse Practitioner you

- a.) Have her son translate hoping she understands what you are telling him
- b.) Use the translation line phone that is available to the staff
- c.) Have the c.n.a translate because you know she speaks good Spanish
- d.) Insist you carry on getting by with the little words you know

B

A 15-year-old female and her mother present at the clinic for a routine physical examination. When you call the patient's name, the mother stands up and proceeds with walking to the exam room. You politely inform the mother before entering that at some point she will be asked to leave to provide privacy to the adolescent patient. The Nurse Practitioner understands this assessment will obtain an adequate psychosocial history

- a.) HEEADSSS
- b.) C-SSRS
- c.) COWS
- d.) HDFFS

A

During an interview of an overweight young adult male, he verbalizes concern that he will "die just like the rest of his family because they all have heart problems." This information is important and should be documented in the

- a.) Chief Complaint
- b.) Review of Systems
- c.) Family History
- d.) Personal and Social

History C

During a routine office visit, the provider orders lab tests for a 28-year pregnant female patient to get a baseline workup d/t c/o fatigue, mood changes, hair loss. The provider orders a CBC, CMP, vitamin D, and TSH levels. When ordering these tests, the provider understands that there is the potential for preanalytic errors. Which of the following is true?

- A. Seasonal changes affect vitamin D levels causing them to be lower in the summer
- B. Hct and Hgb are always the same regardless of altitude
- C. Thyroid hormones can be higher during the winter
- D. There is no dilutional effect noted during

pregnancy C

A 45-year male presents to the ED with c/o severe anxiety and panic attacks that bring about SOB and chest pain. The patient does not speak English and requires an Armenian translator. What should the provider's first step be in initiating care for this patient?

- A. Walk into the room and introduce themselves and begin the patient interview
- B. Find an appropriate translator via the hospital approved translation system
- C. Ignore the patient interview d/t the language barrier and order an EKG to be safe
- D. Determine the patient diagnosis simply by evaluating body language and other data, there is no need to interview the patient

B

A 15-year boy comes to the clinic for a routine visit with his mother and during your assessment, you notice that she consistently answers questions for him. The best approach of the provider in continuing this assessment would be to:

- A. Inform the mother she will get a chance to speak with the provider, but that the boy needs to be able to speak first. If the behavior persists, she will be asked to leave the room.

- B. Scold the mother and shame her for her behavior
- C. Make no change to the interview
- D. Begin directing all questions to the patient's

mother A

A patient is brought to the ED on a 5150 hold after becoming aggressive with family at the residence; she had been off her medications for schizophrenia for about 1 month and decompensated as a result. She continues to be irritable, loud, and agitated in the

ED. What is one way to communicate effectively with this challenging patient?

- A. Stand over the patient as you talk to them
- B. Take private phone calls while in their room during the interview
- C. Remain calm, avoid being confrontational, and keep your posture nonthreatening
- D. Speak over the patient by giving her an ultimatum regarding her behavior

A female patient was brought to the ED by her boyfriend for a fractured wrist and multiple facial bruises and contusions due to a "fall". However, after further evaluation, you begin to suspect abuse. After asking the boyfriend to leave the room, the provider should state which of the following first to make the patient feel comfortable and normalized?

- A. "Abuse is common in many of my patients lives, so I ask about it routinely"
- B. "I know you're being abused by your boyfriend!"
- C. "If you're being abused, I have to report it by law!"
- D. "Is there anyone here that just left the room that you're afraid of?"

1. Ultrasonography (US) is a useful diagnostic imaging tool that is non-invasive and does not use x-rays or radiation. US has significantly improved the diagnosis, treatment, and management of many diseases. Which of the following options is NOT US advantage?

- Real-time and Fast.
- Inexpensive.
- Technical skill
- Safe and Painless.

2. A 21-year-old male client comes into the clinic for TB tests. He moved into the community and found a new job last week. The client is healthy and denies specific complaints. What kind of assessment would the student Nurse Practitioner conduct properly?

- Lung sounds auscultation
- Comprehensive assessment
- Focused or problem-oriented assessment
- Take past history

B

3. A 40-year-old man comes to the clinic for an annual physical exam. He has had a dry cough once in a while and social smoking history since age 20. He told the Nurse Practitioner that he smokes about a half pack of cigarettes per day. Which of the following tobacco use documents is correct?

- Social smoking
- ½ pack of cigarettes a day
- 10 pack-years history
- Less than one pack daily for 20 yea

C

. A 70-year-old woman comes to the clinic for abdomen discomfort and three days of constipation. The Family Nurse Practitioner would assess the abdomen when the patient is supine. Which of the following skills order is correct?

Inspect, Auscultate, Percuss, and Palpate slightly, then deeply.

Percussion and then Palpation.

Inspect, Palpate, Percuss, and Auscultate.

Percuss posteriorly over the costovertebral angles. A

One morning, a 50-year-old lady with type 2 diabetes visited the clinic for follow-up. This patient's fingerstick blood sugar was 510 mg/dL, and she denied eating. However, she had normal vitals and denied any discomfort. Which of the following action or skills by the Advanced Practice Nurse (APN) would need to intervene due to her low health literacy, "Only sweets can elevate blood sugar"?

Empathic responses

Call 911 to be not in jeopardy.

Lower her BS with guided questioning to get the point

Nonverbal communication

C

When disclosing serious news, it is important to use SPIKES protocol. What is an appropriate action when executing the "K- Giving knowledge and information to the patient" portion of the mnemonic?

A. Start with a warning message such as: "I'm sorry to tell you that..."

B. Use medical jargon to accurately describe the medical situation

C. Find out how much the patient wants to know before disclosing any information

D. After sharing the primary information, immediately proceed into further necessary information

A

A 54 year old female comes into the office with a chief complaint of a "fluttering feeling" in her chest. When performing a physical examination, it is time to assess her cardiovascular system, including assessing for S1, S2, murmurs or extra sounds. What position should this patient be in for this examination?

A. Sitting up leaning forward

B. Supine with HOB at 30 degrees, then standing

C. Standing, sitting up, and supine

D. Supine with HOB at 30degrees, then turned partly to left side, the sitting up leaning forward

D

Patient AR is a 62 year old male with a chief complaint of increased fatigue and shortness of breath upon exertion. Upon obtaining a complete health history, it is brought to your attention that the patient smokes 1.5PPD, and has been doing so for the past 10 years. When educating the patient about the health risks of smoking, the patient interrupts and says, "I get this lecture daily from my wife and kids, but I don't want to quit." What stage of change does this patient currently present at?

A. Preparation

B. Contemplation

C. Precontemplation

D. Maintenance

C

The Nurse Practitioner (NP) is establishing a plan of care for a 54 year-old patient during a routine office visit for follow-up for management of his Congestive Heart Failure. The NP knows that a critical aspect of formulating a plan to ensure patient adherence is:

Planning care and time around the NP's availability and convenience

Ensuring that the treatment options are affordable for the patient

Involving the family in the plan of care

Clearly discussing each assessment item, including the patient's preferences, and encouraging active patient participation during the decision-making process.

D

3. The Nurse Practitioner is conducting a comprehensive health history and interviewing a 40 year-old male patient. The patient comes in today with complaints of chest pain. Which of the following statements by the NP is an empathetic response?

"Can you tell me what brings you to the clinic today?"

"It sounds like your father passing at a young age from a heart attack must have been a difficult time for you."

"So, you've been experiencing chest pains recently. Do you have any family history of heart disease?"

"It sounds like you've been having increased stress at work and at home lately. Is that correct?"

B

The Nurse Practitioner is attempting to conduct an interview with the patient in a busy Emergency Department. The patient is staying in a hallway bed due to overpopulation in the ED. Which action by the NP encourages the patient to be more receptive during the interview?

Bringing the patient to an empty examination room to conduct the initial assessment

Apologizing to the patient about being in a hallway due to the ED being very busy prior to conducting the initial assessment

Obtaining a privacy screen during the assessment to ensure that the patient is not within view of other patients

Lowers the volume of their voice and instructs the patient to lower theirs so that other patients in the area will not hear the interview.

A

5. A 50 year-old female presents to the clinic for her yearly physical. During her interview, the patient states that she has a family history of breast cancer. The Nurse Practitioner planning for care utilizes secondary prevention by suggesting which intervention?

Annual mammography screening

Limit tobacco intake

Attendance to breast cancer support groups

Educating the patient regarding a healthy lifestyle such as exercising and maintaining healthy weight

A

Since the 1980s, what medical imaging contributes to the largest amount of radiation exposure to an individual?

CT

PET

MRI

Ultrasound

A

What should you say to a person who was just recently released from prison during a physical assessment using nonstigmatizing language?

Thug

Criminal

Ex-Felon

Formerly incarcerated

D

A patient came into your clinic with hard of hearing. What can the NP do to better communicate with the patient? Select all that apply.

Minimize background noise and glare

Look directly at the patient when speaking

Turn your back as you talk to the patient

Do not shout

ABD

What is a useful technique to assess the patient's understanding to your teachings during a visit?

"Teach back", where you invite the patient to tell you in his or her own words

Have the patient demonstrate it

Have the patient read off the handouts

Tell the patient to use Google if they have any questions

A

This statement is an example of what core values of medical ethics, the provider stopping a medication known to be harmful or refusing to give a medication to a patient if it has not been proven to be effective?

Justice

Beneficence

Nonmaleficence

Confidentiality

C

Which of the following is a correct HPI for a patient with pain?

Mr. Johnson is an 83-year-old male with a history of CHF and degenerative disc disease, who presents to the ED with left leg pain. Patient explains his left leg pain is sudden onset, rated 7/10, and radiates down his leg.

Mr. Johnson is an 83-year-old male with a history of CHF and degenerative disc disease, who presents to the ED with left lower extremity pain. Patient explains his left leg pain is sudden onset this morning, presenting intermittently throughout the day, radiating from his left hip down his leg, rated 7/10.

Mr. Johnson is an 83-year-old male with a history of CHF and degenerative disc disease, who presents to the ED with left lower extremity pain. Patient explains his

sharp left leg pain is sudden onset, presenting intermittently, radiating from his left hip down his leg, rated 7/10, exacerbated with ambulation, relief at rest.

Mr. John

C

Ms. Jones is a 45-year-old female who presents to the hospital primarily for a GI bleed but during your interview, she has a "positive review of systems" and is going off on a tangent with her story. What is the best approach for this type of patient?

Allow the patient to speak freely for the first 20 minutes to get a full story

Interrupt after 18 seconds to ask your follow up questions and ask focused questions to get a more coherent story

Explain to the patient that she is not making sense and to be more specific

Consider speaking to a family member who can provide a better history

B

Smith is an 85-year-old male with a history of dementia and CAD, who presents to your office with chest pain. Upon arrival to the ED, it is made apparent that the patient requires an angiogram with a possible balloon or stent placement. Patient lacks the capacity to make health care decisions. Who will be your point of contact to obtain consent?

Patient's spouse

Patient's power of attorney

Patient's eldest child

The provider

B

A 54-year-old patient presents to the emergency room with chest pain for 2 days. The patient later explains she has been coughing after falling ill with COVID-19, stating her chest pain is exacerbated after coughing. Which of the following is an example of anchoring bias by the clinician?

Assuming pulmonary embolus (PE) because the last 2 patients she saw with chest pain and COVID had a PE

The clinician assumes the patient is homeless from her appearance and probably abused drugs prior to arrival, causing her to have chest pain. Will order simple blood panel and less optimal plan due to inability to comply.

The patient is a frequent flyer for anxiety attacks presented by chest pain.

MD locks onto the first impression of chest pain and the idea of myocardial infarction too early in the diagnostic process and fails to pick up on red flags

D

Write a recommendation for your 55-year-old, female, obese patient (BMI 35) on steps to promote weight loss.

Establish a realistic weight loss goal, walk 30-60 minutes 5 days of the week, gradually decrease calorie intake until you reach a total calorie deficit of 500-1000 kilocalories

Have the patient pick a weight loss goal and stick to a strict low-calorie diet to avoid exercise

Exercise 2 hours a day in addition to portion-control and fasting for 14 hours

Have the patient start a ketogenic diet due to fast results and follow up in 3 weeks to ensure the patient is complying to diet

D

You are about to examine a 40-year-old male presenting with abdominal pain. Pt reports his last bowel was "a couple of days ago" and states, "I normally have a bowel movement every day." Select the proper order you will follow to inspect the abdomen. Palpate, Inspect, Percuss, Auscultate beginning in the right lower quadrant. Inspect, Auscultate beginning in the right lower quadrant, Percuss, Palpate Auscultate beginning in the left lower quadrant, Palpate, Percuss, Inspect Inspect, Auscultate beginning in the right lower quadrant, Palpate, Percuss

B

What information is most accurate regarding a nurse's understanding of pain experienced by non-verbal or comatose patients?

Comatose patients will come out of a coma and tell you if they are in real pain.

Non-verbal or comatose patients must be medicated round the clock, so they don't experience pain.

There is no way to tell when a non-verbal or comatose patient experiences pain, so the nurse shouldn't concern themselves.

Facial expressions, vital signs, signs of agitation, and withdrawing quickly are all signs a nurse can use to assess and manage a patient's pain.

D

A 12-year-old female is brought in for the first time by her parent for examination. The parent's chief complaint is that the patient "is sleepy and moody all the time. She isolates and only wants to spend time with her friends." Upon examination, the patient presents with bradycardia, hypotension, tremors and avoids eye contact. The patient denies the parent's report stating, "I am fine. I just hate my parents, and I want to be with my friends." What should the provider do next?

Ask the patient direct questions about possible substance use, sexual abuse, or suicidal ideation in the presence of the parent?

Ask the parent to step out of the room and, with another female staff present, proceed to ask the patient direct questions about possible substance use, sexual abuse, or suicidal ideation.

Ask the parent direct questions about possible substance use, sexual abuse, or suicidal ideation in the presence of the patient

B

A 44-year-old male comes into your office for a general physical. Upon examination, the patient discloses that their father, for whom the patient was the primary caregiver, died a couple of weeks ago. What is the appropriate empathic response?

Death of a parent is always difficult. Assume the patient is grieving and offer condolences stating, "I'm sure that must be hard for you. Is there anything you need?" Say to the patient, "You have lost your father. What has that been like for you?" Share your own experience with your father dying, telling the patient, "I know exactly how you feel."

Don't probe any further and change the subject. The patient is obviously bothered by it and may start crying in the exam room, which may upset other patients.

B

You examine a patient with a feeding tube, complaining of lower back pain and difficulty breathing during feeding. Which of the following statements by the caregiver demonstrates a need for further teaching?

I always put him in High Fowler's position, sitting straight up when I feed him or give him meds because I want to make sure the food and meds go straight down.

I always put him in Low Fowler's position, with the head raised between 15 and 30 degrees, when I feed him or give him his medications.

I was told that Low Fowler's position is best to help relieve his back pain and help with breathing.

I was told that High Fowler's position is best for helping him defecate, but I have to be careful not to leave him in that position too long because pressure sores may develop.

A

Which of the following is not a reason for ordering diagnostic tests?

Ordering a thyroid-stimulating hormone test and T4 to reach a diagnosis.

Ordering lactic acid, BMP, and CBC frequently for the septic patient.

Ordering an A1C in 50 y/o symptomatic patient on first patient visit.

Ordering antibody testing after recent vaccination to determine immunity.

D

After greeting a new patient, the patient states, "I've switched doctors because I feel like I'm not getting any better. There's just so much going on. I feel like it's harder to breathe sometimes." Which is the most appropriate response from the provider that will strengthen the client-patient relationship?

"I see you're here for shortness of breath and that you have a history of asthma. We will check your medication and have you feeling better soon."

"Let's begin by discussing your reason for coming in today. We will discuss why you haven't gotten better after obtaining more information later on. Can I listen to your lungs?"

"It must be tough to make that change. Can you tell me more about how you've been doing lately?"

"Don't worry about that. We will find a way to help your shortness of breath."

C

A 50 y/o female patient with a history of depression is complaining of fatigue, weight gain, and cold intolerance. The provider assumes the patient is experiencing worsening depression. The provider is avoiding alternative explanations such as hypothyroidism. Which type of clinical cognitive error is the provider committing?

Confirmation bias

Framing effect

Diagnostic

momentum

Representation error

C

Which is not a reason for higher quality error rates in point-of-care testing than central lab testing?

Lack of training of clinical non-lab staff

Delayed results needed for critical decision making

Test limitations
Misuse of POCT
B

In which scenario is it appropriate for the provider to order radiological imaging?

A 7 y/o patient complaining of lower right quadrant pain that is now intense and consistent, nausea and vomiting, a low-grade fever, and loss of appetite.

A 30 y/o patient complaining of a headache for the past four days. The patient states Tylenol and ibuprofen do not relieve the pain.

A 32 y/o female patient who had knee surgery three weeks ago is complaining of shortness of breath, a dry cough, and lightheadedness. The patient has a heart rate of 120 bpm.

A psychiatric patient who requires tuberculosis to be ruled out to be admitted to the behavioral health hospital.

C

The following information is recorded in the health history progress note: "No known heart disease or high blood pressure. Patient denies dyspnea, orthopnea, chest pain, and palpitations". The student APRN understands that this information should be recorded in which category of the health history?

- a. Physical examination
- b. Assessment and plan
- c. Past history
- d. Review of systems

D

The APRN is interviewing a 50-year-old male patient in the emergency department whose father recently passed away due to Coronavirus 19 complications. The patient is emotionally distraught and expressing suicidal ideation as he states: "I miss my father". In order to convey empathy to the patient and establish rapport, the APRN should:

- a. Respond by saying "At least you still have your mother"
- b. Leave the interview room so the patient can cry privately
- c. Respond by saying "I cannot imagine how hard this must be for you"
- d. Respond by saying "Don't be sad, you will feel better soon"

C

The APRN student is completing a comprehensive assessment on a 60-year-old male patient who has a history of controlled hypertension, episodic depression due to his wife's death 5 years ago, and ongoing back pain. During the physical assessment and interview, the patient discloses that he has been experiencing mild chest discomfort during strenuous physical activity. What is the best order of priority the student should list the patient's problems?

- a. Hypertension, chest pain, back pain, depression
- b. Chest pain, back pain, hypertension, depression
- c. Depression, chest pain, back pain, hypertension
- d. Back pain, chest pain, depression, hypertension

B

A 65-year-old female patient presents to the emergency department with complaints of fever, lethargy, abdominal distention, and generalized abdominal pain rated at 8 on a

scale of 0 to 10. The patient also states she underwent a colonoscopy a day ago. Upon examination, the APRN notes a firm and distended abdomen and begins to suspect a possible bowel perforation. When ordering radiographic studies, the APRN understands that:

- a. Oral barium sulfate contrast media is contraindicated when the integrity of the GI tract is in question
- b. Oral barium sulfate contrast media should be used as it defines the mucosal pattern very well
- c. Water-soluble iodinated contrast media produces equally informative images as barium studies
- d. Water-soluble iodinated contrast media is contraindicated when the integrity of the GI tract is in question

A

Patient is on a Heparin drip for DVT. The previous two PTT levels are 88 and 90 which has been in the therapeutic range. When it was time for the next PTT level, the RN notifies the NP of critical level PTT 200. How should the NP respond?

Stop the heparin drip immediately

Stop the heparin drip for 2 hours and restart it at the same rate

Continue the heparin drip but decrease the heparin rate by half

Draw a PTT level stat, make sure the nurse draws the blood sample from the opposite arm of the heparin infusion

D

The NP is conducting a comprehensive adult health history on an 81-year old patient named Gale. What of the following information should be placed under personal and social history?

Gale is allergic to shrimp and copper

Gale's mother passed away of breast cancer

Gale has decreased strength of her legs and she uses a walker to get around the house Gale has hypertension, GERD, hypothyroidism, and CKD

C

A 55-year-old male comes to the ED complaining of shortness of breath and difficulty breathing with exertion. On the monitor, patient's HR is 110, BP 155/90, O2 saturation 90% on room air, respiration rate 38, temperature 98-degree F. What is considered subjective data?

Patient's BP is 155/90

Patient complains of chest pain 6/10 with exertion on the pain scale

Patient is alert and oriented

Patient's O2 saturation is 90% on room air and 100% on 2L nasal cannula

B

During HPI interview, the NP asked the patient if she had any allergy to medications, foods or environment factors. The patient responded, "I'm allergic to Norco, the last time I took it, it made me dizzy and nauseous." How should the NP respond to the patient?

I will put Norco on your allergy list in the chart

It is too strong for you, you should take only half next time

You do not have an allergy to Norco. Some side effects of Norco can include dizziness

and nausea.

You shouldn't take Norco anymore since you can't tolerate it

C

Mrs. Garcia, an 85-year-old Hispanic female, presents to the emergency department from home via ambulance complaining of altered mental status. Per the paramedics, the patient has a history of dementia and is noted by her daughter with increased lethargy and confusion for the last 3 days. Upon arrival, the patient is awake and oriented to self only. She refuses treatment, attempts to get out of bed, and shouts "I need to go home now". Family is not present at the bedside, what should the nurse practitioner do?

Allow the patient to sign Against Medical Advice form and leave the facility

Consider patient lacks capacity to make a health care decision, identify and contact patient's family or power of attorney for health care

Explain to the patient the rationale of the proposed treatment and assume the patient understand the information

Respect for autonomy and allow the patient to refuse all the treatment

B

A 10-year-old male patient is brought in by his mother to the clinic due to throat pain with intermittent fever for 2 days. During the clinical interview, the provider notices the patient's mother speaks limited English and often asks the patient to translate for her. What is the most appropriate action for the provider?

Ask the patient's 17-year-old sibling in the room to translate instead

Continue to interview in English and provide the mother printed information in her preferred language

Use a Spanish-speaking registration clerk as the translator

Set up a telephonic interpreter in the preferred language and assess understanding at the end of the session

D

Which of the following counseling guideline for adults is considered a grade A recommendation by the USPSTF?

Weight loss

Unhealthy alcohol

use Tobacco use

Sexually transmitted infections including HIV

C

Which of the following example is the most well-developed and contains important semantic qualifiers?

20-year-old Chinese female patient with no PMH complains of occasional abdominal cramps with nausea and vomiting

50-year-old African American male patient with hypertension complains of sudden onset of intermittent, left-sided, non-radiating, chest pressure pain 6/10 for 2 days

70-year-old Hispanic patient with diabetes and ESRD complains of dizziness and "a big" headache for 1 week

55-year-old patient complains of severe chronic back pain and worsens with activity such as walking and bending

B

When conducting a comprehensive patient assessment, the provider will include all of the following information EXCEPT:

History of present illness

Family history

Review of Systems

Differential diagnosis

D

1. A 67-year-old Hispanic male is brought into the Emergency room after being found passed out on the front of his lawn. As the Advanced Practice Nurse (APN) you go to assess the patient and note the patient is lethargic and unable to stay awake during your assessment and his answers aren't making much sense. What would be the next appropriate steps to obtain some medical history on this patient?

Keep trying to force the patient awake so you can obtain a full health assessment on the patient

Come back a different time when the patient is more awake and alert

Check the chart for any family contact information or if there is a current family member present obtain a history from them being more reliable

Assume the past medical history based on visualizing the patient's current condition

C

Which of the following patient information would be considered objective data?

A. A patient is complaining of a headache 6/10

B. Upon assessment, you observe tenderness upon palpating the upper right quadrant of the abdomen

C. A patient states "I feel weak"

D. A patient complains that they are feeling nauseous

B

As a healthcare provider, there are Core Values of Medical Ethics, which of the following would not be considered a core value?

Truth Telling

Being compassionate and respectful

Respect for autonomy

Justice

B

A patient who has a history of breast cancer came in for a follow-up after having lab work done. Her results show that the cancer is back and has metastasized to her bones. As the ANP how would you disclose this serious news?

A. The results show the cancer is back and we need to discuss end of life care

B. Start by saying I have bad news

C. In a private space, start by saying, I am sorry to tell you that your cancer is back...

D. Lie and pretend like the news is good, bad news can wait until the next visit.

C

. A 60-year-old Hispanic male comes into the office for his yearly physical. He is complaining of a sore throat with white bumps that can be visibly seen when he opens his mouth. The patient mentions to the ANP that he occasionally drinks about three beers a night that work has been stressful lately and has also had trouble sleeping. Given the information what would the ANP do next?

- A. Ask the patient to describe the stressors he is having at work
- B. Do a focused assessment and examine the patient's throat
- C. Perform a head-to-toe comprehensive assessment
- D. Tell the patient that it's probably a simple cold and that it should go away on its own

1. A female patient arrived at the emergency department with an unwitnessed fall. Per EMS, the patient was found passed out in a bush. The patient has abrasion bilateral forearms and face. The patient states she blacked out and remembers waking up in a bush. While the Nurse Practitioner (NP) is assessing the patient, the NP suspects the patient has a drinking problem and would like to screen for alcohol abuse or dependency. The emergency department is busy, and the acuity is high, so the NP has limited time to screen the patient. Which alcohol assessment tool would the NP use:

CAGE

AUDIT-C

HARK

SOGI

B

2. A male patient alert and oriented x4 walked into urgent care. He was observed guarding his stomach. When the student nurse gathers information for the HPI, what would be the first suggested step?

Start with an opening statement

Add information from other parts of the health history that are relevant

Ask the patient if he had any illegal drugs in the past

Call his family to find out his chief complaint (CC)

A

3. A 26-year-old female is at her PCP office with chief complaints of burning sensation around the vagina, yellow discharge, and increased need to pee. She begins to cry and states, "I am afraid of having an infection." Your initial response will be

"Don't worry; I'm sure it's nothing."

"Better an infection than being pregnant, right?"

"To help me take better care of you, I need to ask you some personal questions about your sexual health and practices."

"Are you a person who uses condoms?"

C

4. A patient with an addiction to alcohol wants to quit and went to his nurse practitioner for help. The NP is aware people go through different stages when getting sober. The NP also knows going through the different stages doesn't always mean it is linear. The NP knows the stages for getting sober are

Precontemplation, contemplation, preparation, action, maintenance, relapse

Denial, anger, bargaining, depression, and acceptance

Infancy, childhood, adolescence, and adulthood

Physical, behavioral, cognitive, and emotional growth and change

A

5. The female student NP checked the examination room for good lighting and positioned the bed to be comfortable for her and the patient. The patient was walked into the examination room and sat on a chair. Pt CC is abdominal pain. After gathering

information about the patient's pain, the NP explained that she would need to examine her further and, if possible, lie on the bed facing up. What techniques does the student NP use to assess the patient's abdomen?

Inspection, auscultate, percuss, and then palpate

Examine mental status, cranial nerves, motor system, sensory system, and reflexes

Inspect, palpate, and percuss

Inspect, palpate, observe

A

A nurse practitioner student is planning out her first interview with a patient at a primary care clinic, which answer is the correct order of the general structure and sequence of the clinical encounter?

A. Closing the encounter, explaining and planning, performing physical examination, gathering information, initiating the encounter.

B. Initiating the encounter, gathering information, performing the physical examination, closing the encounter, explaining and planning.

C. Initiating the encounter, gathering information, performing the physical examination, explaining and planning, closing the encounter.

D. Gathering information, explaining and planning, performing the physical examination, initiating the encounter, closing the encounter.

C

The student nurse practitioner is documenting data from a patient's physical examination, which of these would the student document as subjective data in the patient's chart?

A. Sore throat

B. Heart rate

C. CBC levels

D. MRI results

A

3. The student nurse practitioner is interviewing a patient with a hearing disability, all the actions she is performing are correct except?

A. Sitting on the side of the ear that can hear better or has a hearing aid.

B. Exaggerate your mouth while speaking and speak loudly.

C. Eliminate background noise.

D. Face the patient, especially if they can read

lips. B

4. A 91-year-old patient was admitted to the ICU for sepsis due to UTI. While assessing the patient, nurse practitioner notes that the patient is too confused to answer questions about her health history. What would be the best action to do next?

A. Wait until the patient is back to baseline, alert and oriented x4.

B. Check if family or caregiver are present, if not a valid phone number is available.

C. Ask the charge nurse about history.

D. Ask the patient if she feels confused or had

dementia. B

5. While interviewing a 41-year-old female she states, "I want to quit taking Norco, but I am not ready yet." Understanding the transtheoretical model for behavior change, what action is best to take next?

- A. Discharge the patient to a rehab center.
- B. Tell her you don't think she is taking her substance abuse issue seriously.
- C. Advise her of all the horrible side effects of withdrawal.
- D. Support her behavior changes with motivational interview. D

A Nurse Practitioner is assessing a 67 year-old male patient who is hard of hearing. When communicating with this patient, which of the following is NOT an approach the Nurse Practitioner should use?

- The Nurse Practitioner should ask the patient how to best communicate with him.
- The Nurse Practitioner should raise their voice to ensure the patient hears them well. The Nurse Practitioner minimizes background noise.
- The Nurse Practitioner looks directly at the patient when speaking to him.

B

The APRN is meeting with Martha, a 23 year-old female in the clinic for the first time. After initial blood work, the APRN notifies the patient that she is pregnant. Martha asks the APRN not to mention the pregnancy test results to her mother that may call the clinic for information. The APRN notifies Martha that it is the clinic's duty to prevent the disclosure of patients' personal information to parties who are not authorized. What core value is the APRN practicing?

Informed consent

Respect for autonomy

Confidentiality

Truth telling

C

An APRN in the Emergency Department is assessing a 33 year-old patient that was just brought in by family for a syncope episode. Upon interviewing and assessing the patient the APRN recognizes which of the following as subjective data.

Patient states: "I felt nauseous for an hour leading up to my syncope episode". Patient blood pressure = 110/55.

Patient is alert and oriented

Patient's hemoglobin comes back as 7.3.

A

An APRN working in a busy clinic sees a patient an hour after their scheduled appointment time. The patient had complained to the receptionist multiple times regarding the wait time. Which of the following is an empathetic response from the APRN?

"I know you waited past your appointment time, but we had more urgent cases".

"I am here now, what can I do for you?"

"I understand the wait was longer than you expected, I am sorry about that, you have my undivided attention now, what can I do for you?"

"If you don't want to wait next time you can go to a different clinic that is not as busy".

C

A patient with no known past medical history comes into the clinic complaining of 7/10 abdominal pain for the past three days. The patient states the pain is sharp on the right upper quadrant of her abdomen. The pain starts after she eats a heavy meal and continues until she takes acetaminophen which then provides her moderate relief

bringing her pain down to a 3/10. The APRN recognizes that the patient describing the pain as "sharp" is attributing to which pain descriptor?

Location

Quality

Quantity

Timing

B

Mr. Alvarez is a 40 yr old male who came to you because he was feeling lethargic, excessively thirsty and urinating very often. Upon interviewing him, you discover he stopped taking his diabetic medication. How do you address this?

A. Give him a new prescription to fill at the pharmacy and follow up in a month

B. You hand him written education on the health risk of uncontrolled diabetes

C. You call his wife to ask if she is aware that he stopped taking the medication

D. Take the time to assess the Barriers that might be causing the non-adherence. D

Mr. Calderon, a 67-year-old male, came in complaining of abdominal pain. Which of the following is correct. (comprehension)

A. While he is sitting, untie the gown from the back to examine him.

B. Adjust the gown to cover the chest and place a sheet to drape at the inguinal area.

C. Have Mr. Calderon lay prone on the exam table.

D. Have Mr. Calderon undress only from the waist

up. B

In what order do you examine the abdomen. (Application)

A. Inspect, auscultate, palpate and percuss

B. Inspect, Auscultate, percuss, palpate deep then lightly.

C. Auscultate, Inspect, percuss, palpate lightly, then deep

D. Inspect, auscultate, percuss, palpate lightly, then deep

C

Which of the following is Subjective information? (comprehension)

A. "Chest pain."

B. " tenderness on palpation of the anterior chest."

C. WBC 14.1

D. Gastritis on EGD

A

A 26-year-old female presents to the community clinic for the first time with a chief complaint of abnormal periods. As the nurse practitioner, which type of health history is most appropriate to use for this encounter?

a. A comprehensive health history

b. A problem-oriented health history

c. A health maintenance history

d. A focused patient history

A

A 41-year-old male patient with Down syndrome presents to urgent care with a chief complaint of head pain. Which of the following scenarios best describes the clinical cognitive error, visceral bias?

a. The nurse practitioner diagnoses anxiety exacerbated by a stressful work

environment and does not consider other more acute options despite an atypical presentation compared to the patient's usual headache symptoms.

b. The patient is considered noncompliant with preventative medication, and the patient's recent job and health insurance loss are not considered.

c. The nurse practitioner has recently seen multiple patients with sinus headaches and assumes this diagnosis and does not consider migraine headaches.

d. The nurse practitioner prescribes a simple, less effective treatment plan, assuming the patient can not handle a more complex plan due to a history of Down syndrome. D

3. While gathering information during a patient encounter, a 15-year-old male begins to cry when asked about school. The patient explains having challenging encounters with a classmate who frequently makes fun of the patient's clothing. Which statement best reflects the use of the mnemonic NURSE when the patient exhibits emotional distress.

a. "Can you ask your mother to buy you new clothes?"

b. "You should not let your classmate see you cry; it will only make it worse."

c. "That sounds like an upsetting encounter."

d. "You should immediately tell a teacher." C

4. A 37-year-old transgender woman presents to urgent care stating, "I don't feel like myself; I feel really sick." Which of the following guided questioning techniques will best clarify what the patient means?

a. Asking the patient, "Do you have a fever?"

b. Stating to the patient, "Tell me about your pain."

c. The nurse practitioner leans forward and nods their head in agreement.

d. Asking the patient, "You said you feel really sick. What do you mean by that?" D

5. The CAGE tool is a series of questions that assist the provider in screening for which of the following?

a. Illicit drug use

b. Alcohol dependence

c. Sexual practices

d. Behavior modification

readiness B

A 21-year-old male student verbalizes that he started experiencing lower back pain about 3 months ago. He describes it as a constant dull, aching pain that is further aggravated when he picks up things from the floor. His pain level right now is 5/10, and it does not radiate anywhere else. Advil and heat packs help alleviate his pain. Which question elicits further characterization of the patient's chief concern?

Can you please tell me what you were doing when the pain first started?

How severe is your pain right now?

Have you sought medical attention for this issue before?

How often do you exercise?

A

A 16-year-old female presents to the urgent care after spraining her ankle. Her mother informs the nurse practitioner (NP) that her daughter never liked seeing doctors because she had bad experiences with them during her childhood. Knowing this, the NP