

Week 2 Full Length Practice Exam

- Due Sep 15 at 11:59pm
- Points 150
- Questions 150
- Available Sep 9 at 12am - Sep 15 at 11:59pm
- Time Limit 180 Minutes

Attempt History

	Attempt	Time	Score
LATEST	Attempt 1	174 minutes	150 out of 150

Score for this quiz: 150 out of 150

Submitted Sep 14 at 11:23am

This attempt took 174 minutes.

Question 1

1 / 1 pts

At a follow up from a hospitalization, an adult patient presents with ankle edema. Which of the following medications is the most likely cause of the edema?

Nebivolol

Correct!

Norvasc

HCTZ

Metformin

The most common side effects of calcium channel blockers include constipation and lower extremity edema. The other options do not have any relationship specifically with edema, in fact, hydrochlorothiazide specifically reduces edema via diuresis.

Question 2

1 / 1 pts

An older adult presents with the single complaint of bilateral pedal edema. The patient has a history of diabetes and high blood pressure and is on oral medications. Which of the following medications is the MOST likely cause of the patient's complaint?

Furosemide (Lasix)

Metformin (Glucophage)

Lisinopril (Zestril)

Correct!

Amlodipine (Narvasc)

Question 3

1 / 1 pts

An older adult with diabetes mellitus presents with leg cramps. She states that the cramps are worst when walking to the supermarket. If she stops to rest, the pain subsides. The nurse practitioner knows that this patient needs a workup for:

Correct!

Intermittent claudication

Benign nocturnal leg cramps

Deep vein thrombosis

Popliteal aneurism

Question 4

1 / 1 pts

Your 53 year-old female patient is experiencing shortness of breath and has a diagnosis of pulmonary arterial hypertension. Which ventricle is directly experiencing increased afterload from this disease state?

Left Ventricle

Neither Left or Right Ventricles

Correct!

Right Ventricle

Both Right and Left Ventricles

Rationale: Understanding the flow of blood through the body is necessary to answer this question. The circuit of blood immediately prior to the pulmonary artery is the right ventricle. The left ventricle will not receive an increase in afterload from this, but may increase in preload.

Question 5

1 / 1 pts

The patient you just saw in your office is being hospitalized for sepsis. Which does not represent an evidence of poor end-organ function?

Capillary refill on all extremities of 5 seconds

Oliguria for the past 24 hrs

Correct!

- Cardiac Index of 4

A cardiac index of 4 is normal. Altered mental status, minimal urine output, and poor capillary refill all suggest poor end-organ function.

- Patient is alert but oriented to his name only

Question 6

1 / 1 pts

Your patient presents with pale, waxy legs, weak peripheral pulses, and states he is having difficulty walking great distances due to the pain in his calves. The most appropriate non-invasive test to evaluate his leg vascular flow quality is which of the following exams?

- Bilateral popliteal blood pressures
 Exercise stress test

Correct!

- Ankle Brachial Index (ABI)

ABI is the most effective way to evaluate vascular flow in a non-invasive way, and the angiogram of the leg with runoff is the best invasive way. Bilateral popliteal blood pressures would not show discretion between upper and lower body if both equally low, and exercise stress tests are not used as a diagnostic tool for claudication or PAD.

- Angiogram of the leg with runoff

Question 7

1 / 1 pts

Which of the following medications is not considered part of optimal medical therapy for a 54 year-old male patient with a diagnosis of heart failure with reduced ejection fraction (HFrEF) with an EF of 30%, known coronary artery disease, and normal renal function?

- Carvedilol (Coreg)
 Spironolactone (Aldactone)
 Aspirin

Correct!

- Diltiazem (Cardizem)

Cardizem is not indicated for patients with heart failure as it can depress myocardial contractility, fluid retention, and lower cardiac output. The rest are all appropriate agents for optimal medical therapy.

Question 8

1 / 1 pts

Your patient with a diagnosis of peripheral arterial disease asks you what is considered a non-modifiable risk factor. Which of the following represent the best answer for his question?

Correct!

Family history of PAD

Of the options, family history is the only non-modifiable risk factor for PAD. All the rest remain modifiable risk factors (smoking, DM control, and medication compliance).

Smoking less cigarettes

Medication compliance

Tight glycemic control

Question 9

1 / 1 pts

As the nurse practitioner working in a primary care clinic, you have been notified from a hospitalist that your long-term patient with a history of HFrEF (heart failure with reduced ejection fraction) with an ejection fraction of 40% two years ago who is also not on optimal medical therapy has been diagnosed with a myocardial infarction this admission and received emergent placement of a drug-eluting stent to the left anterior descending artery. As the patient's medical home who will manage this patient after discharge, which of the following would you expect to be a priority in the patient's care for their heart failure after an acute MI?

Correct!

Ordering a new transthoracic echocardiogram and order a Lifestart if EF is less than 35%

Dual anti-platelet therapy is required for 12 months minimum post-MI. A Holter monitor does not provide any conceivable benefit for this patient as presented. The patient should have a protective mechanism such as an implantable automated cardioverter defibrillator (AICD) or a Lifestart if the EF is less than 35% due to the increased risk of sudden cardiac death with low EF states. Since most patients are not eligible for 90 days for an AICD in this state, optimizing their medication regimen and repeating an echo in 2-3 months to re-evaluate for improvement in their EF is required by most insurance companies. A baseline echo is needed at discharge to provide a baseline for improvement vs their repeat echo in 2-3 months.

Ordering aspirin and clopidogrel for 3 months at discharge

Ordering a Holter monitor for 7 days post-discharge

Ordering a new transthoracic echocardiogram and order a Lifestart if EF is less than 45%

Question 10

1 / 1 pts

Your patient is complaining of paroxysmal atrial fibrillation. Which medical procedure is commonly used to treat this condition?

- Overdrive pacing via an epicardial lead
- Radio frequency ablation of the left ventricular apex

Correct!

- Cryoablation of the transition zone of the left pulmonary vein inflow to the left atrium

The transition zone of pulmonary vein to left atrium represents the most common source of atrial fibrillation and is commonly treated with scarification, radio frequency ablation, or cryotherapy to impede the electrical stimulation of a-fib to the rest of the atrium.

- Placement of biventricular pacing

Question 11

1 / 1 pts

Which of the following is at highest risk for type II diabetes?

- A 51-year-old black female with a BMI of 22 who walks daily at least 30 minutes
- A 63-year-old Hispanic male with a BMI of 23 who works as a carpenter

Correct!

- An adult woman with a BMI of 34 who just delivered a baby weighing 10 lbs
- A 77-year-old Caucasian male with a BMI of 27 who is sedentary

Of these options, an adult woman with a BMI of 34 who just delivered a baby weighing 10 lbs is the most likely due to their increased BMI and the large size of the baby. giving birth to a large baby, also known as a large-for-gestational-age (LGA) baby, can increase the risk of developing type 2 diabetes later in life. Women who give birth to a LGA baby are 10% more likely to develop DMII 10-14 years after pregnancy compared to women who give birth to babies of average gestational age (AGA). This increased risk is even after adjusting for other risk factors, such as age, obesity, high blood pressure, and family history of diabetes.

Question 12

1 / 1 pts

A 60-year-old man presents with recurrent kidney stones, abdominal pain, and bone pain. Laboratory results show elevated serum calcium and low phosphate levels. What is the most likely diagnosis?

- Hypoparathyroidism

- Hypercalcemia of malignancy
- Osteoporosis

Correct!

- Hyperparathyroidism

Parathyroid hormone increases serum calcium (reducing bony calcium concentration in the process) and explains why a patient is experiencing this clinical milieu.

Question 13

1 / 1 pts

An adult patient presents with tachycardia and nervousness. The patient is currently taking levothyroxine (Synthroid), 75 mcg daily. The nurse practitioner orders a thyroid-stimulating hormone (TSH) and anticipates having to:

- raise the dose to 100 mcg daily.

Correct!

- lower the dose to 50 mcg daily.
- continue the same daily dose.
- add atenolol, 50 mg daily.

The patient is presenting with symptoms of hyperthyroidism, and since they are being supplemented with levothyroxine for hypothyroidism, it's suggestive that they are overdosing and their dose should be decreased. The only option that is appropriate is to lower the dose to 50 mcg daily, and although adding a 50 mg daily dose of propranolol may be helpful to manage symptoms for a hyperthyroid patient, this hyperthyroid presentation is related to overmedication. To evaluate this more directly, the patient should have a TSH and T3/T4 level drawn and it is likely we would find the TSH is low, T3 and T4 are elevated.

Question 14

1 / 1 pts

An adult female who recently returned from a business trip to Japan presents for a recheck appointment. The only remarkable laboratory result is for thyroid-stimulating hormone (TSH), at 0.3 microunits/mL (normal = 0.4–6 microunits/mL). The patient reports that her neck hurts; examination reveals thyroid tenderness. Which of the following laboratory tests should the nurse practitioner order now?

Correct!

- Triiodothyronine (T3) and free thyroxine (FT4)
- Triiodothyronine (T3) resin uptake assay
- Triiodothyronine (T3) and free triiodothyronine (FT3)
- Triiodothyronine (T3) only

The patient has a low TSH which when paired with elevated T3 and T4, suggest hyperthyroidism. The next steps for this patient are to check the T3 and T4 levels which would presumably be high and clinically correlate the findings for a diagnosis of hyperthyroidism.

Question 15

1 / 1 pts

A 50-year-old man presents with fatigue, muscle weakness, and hyperpigmentation of the skin. Laboratory tests show low sodium, high potassium, and low cortisol levels. What is the most likely diagnosis?

- Pheochromocytoma
- Primary hyperaldosteronism

Correct!

- Addison's disease
- Cushing's syndrome

The clinical triad of hypocortisolism, also known as Addisonian crisis presents with hypotension, hypothermia, and oliguria. Not all patients who exhibit adrenal insufficiency will have this in a severe state, but it is common to look for these findings to support the diagnosis. The patient may also have a recent history of steroid supplementation that was abruptly stopped or a recent stressor which caused an increase in their cortisol levels which their adrenal glands could not support such as surgery, hospitalization, infection, etc.

Question 16

1 / 1 pts

Which of the following is produced in the pancreas and counteracts hypoglycemia?

- Pancrease
- Growth hormone

Correct!

- Glucagon
- Insulin

Glucagon is made in the pancreas and stimulates glycogen release from the liver's glycogen stores which increases blood sugar in contrast to insulin which lowers blood sugar by increasing permeability of the cell membrane to glucose thereby increasing intracellular levels of glucose.

Question 17

1 / 1 pts

Patients on levothyroxine should be monitored for signs of which one of the following:

Pedal edema and discomfort

Correct!

Angina pectoris and dysrhythmias

Increased constipation and cramping

Focal deficits and hyperreflexia

Question 18

1 / 1 pts

Your patient has a diagnosis of Hashimoto's and is on Levothyroxine 75 mcg daily. Her recent TSH was elevated at 15 uU/mL. Your next best action is to:

Correct!

Increase Levothyroxine to 100 mcg daily

Repeat anti-thyropoxidase antibodies (anti-TPO)

Decrease Levothyroxine to 50 mcg daily

Assess for symptoms and recheck TSH in 8 weeks

When the TSH is elevated the patient needs more thyroid hormone. Once diagnosed with Hashimoto's there is no clinical need/benefit to repeating antibodies.

Question 19

1 / 1 pts

After confirming your patient is hypercortisolemic, a critical part of the diagnostic work up is to do which next?

Refer to surgery

Order adrenal MRI

Order MRI of brain

Correct!

Order ACTH level

ACTH level helps to determine if it is pituitary mediated vs adrenal. Once that is confirmed then imaging will be ordered.

Question 20

1 / 1 pts

All the following are symptoms of hypocalcemia except:

Correct!

- Visual field deficits
- Abdominal pain
- Paresthesia in fingers and toes
- Tetany

Visual field deficits is a potential symptom of pituitary adenoma. All other are symptoms related to hypocalcemia.

Question 21

1 / 1 pts

The management of COPD in the elderly is best guided by:

Correct!

- symptomatology.
- spirometry.
- arterial blood gases.
- radiologic imaging.

Symptomatology is what guides COPD management since the severity and frequency of symptoms will warrant changes and additions to medications as exacerbations present.

Although very useful tool for chronic management and baseline status, spirometry does not typically dictate therapy, rather diagnose the disease state itself. Our blood gases may be used for clinically correlate severity during an exacerbation, and radiologic imaging may showcase severity of stable chronic finding such as somatic, lung tissue or bullae.

Question 22

1 / 1 pts

A frail elderly patient presents with constipation. Which of the following normal physiologic changes seen with aging is the most likely cause?

- Decreased pancreatic secretions
- Increased absorption of calcium
- Increased bile secretion

Correct!

- Decreased bowel muscle tone

The frail, elderly patient will typically have their GI track decrease bile secretion and decrease absorption of calcium. A decrease in pancreas secretions is not related to presence of constipation, however, decreased bowel muscle tone certainly does reduce the GI motility and increase the transit time, thereby increasing the drying of stool in the large intestine which leads to constipation

Question 23

1 / 1 pts

A 90-year-old female is brought to the clinic by her neighbor. She states that everything is fine, but the nurse practitioner notes that she has poor hygiene and bruises on her trunk. The neighbor is concerned that the patient often has no money to buy food, despite income from social security and a coal miner's pension. The nurse practitioner suspects abuse. Which of the following is the nurse practitioner obligated to do next?

Correct!

- Report the case to the proper authorities.
- Document the data and report the information to risk management.
- Call the patient's family and inquire about the concerns.
- Tell the neighbor to check on the woman daily and report back.

Remember, that suspected abuse is always a reportable event and therefore should be the right answer you gravitate toward on any question that suggest that there is any type of actual or suspected elder abuse.

Question 24

1 / 1 pts

An elderly patient diagnosed with end-stage lung cancer has been refusing meals, opting instead for ice cream only. The family is concerned about the patient not getting enough nutrition. The NP:

- order a U/A and CBC
- prescribe methylphenidate for appetite stimulation
- screens the patient for depression

Correct!

- explains loss of appetite is common at the end of life

Death is an uncomfortable topic, and must be handled tactfully. Factual re-orientation to the terminal state of a patient's condition may be appropriate when unrealistic expectations for their longevity have been voiced. The reasonable choice in this case is to describe the normalcy of what the patient is experiencing with their loss of appetite and their terminal state. Testing the patient for depression has really no clinical bearing on this particular time nor does prescribing methylphenidate. Ordering a UA and CBC would suggest a concern of a urinary tract infection, and that is not a likely scenario to describe

the

patient's existing condition. Support the patient as his advocate by helping the man enjoy the ice cream he requested.

Question 25

1 / 1 pts

A 92-year-old presents with a decline in personal care and increasing forgetfulness. They had a CVA a three years ago with mild cognitive changes then which has slowly progressed. The more likely diagnosis in this case is?

- Lewy-body dementia
- Mini-strokes

Correct!

- Progressive vascular dementia
- Alzheimer's dementia

Question 26

1 / 1 pts

An adolescent with asthma presents for follow-up evaluation. After several changes in medications and doses, the parents report that the adolescent continues to experience difficulty with coughing, especially at night. Which of the following conditions is most likely cause of the continued cough?

Correct!

- Gastroesophageal reflux
- Cystic fibrosis
- Vocal cord dysfunction
- Allergic rhinitis

Many times with GERD, the coughing is actually worse at night due to the postural changes of lying down, and as such, vocal cord dysfunction being a more constant issue than intermittent is easily ruled out. Cystic fibrosis does tend to have more coughing with postural change during chest physiotherapy, but this option is a sophisticated detractor. Allergic rhinitis may induce more post nasal drip more when supine from position changes, but most commonly this patient should be evaluated for GERD first, as aspiration to the airway would very easily trigger it an asthma attack due to both the bronchoconstriction and inflammatory mechanisms.

Question 27

1 / 1 pts

A patient states that his girlfriend was recently diagnosed with hepatitis, and he tests positive for hepatitis C. He expresses fear of the diagnosis because his father died after a liver transplantation.

Which existing information in the patient's history is the most significant factor in the progression of liver failure?

- intermittent acetaminophen intake
- Lack of fluid intake
- Lack of exercise

Correct!

- chronic alcohol intake

Chronic alcohol intake and the damage to the liver is more causative and predictive to liver failure than exercise (or lack thereof), fluid intake levels (which more affect hydration status, and acetaminophen intake which is noted to be only intermittent.

Question 28

1 / 1 pts

Your patient is suspected to have colon cancer. Which labs/marker are important to be performed on this patient?

Correct!

- CEA
- AFP
- BRCA 1 and 2
- CA-125

CEA is a complex glycoprotein and is produced by 90% of colorectal cancers. It is also helpful in post treatment (surgery) follow up/management

Question 29

1 / 1 pts

A 29-year-old male presents with severe abdominal pain, he has a history of alcohol abuse, and recurrent pancreatitis. Patient's Lipase is elevated, and he has nausea and vomiting as well. Abdominal CT shows inflammatory changes around the pancreas. What is the most important intervention to consider in the acute phase?

- Feeding patient to reduce risk of necrosis
- Pain management with IV narcotics
- Further imaging and diagnosis with EUS and aspiration for development of necrosis

Correct!



Admit to the hospital for fluid resuscitation to avoid hypovolemic state, and reduce risk of developing further complications

Attention to adequate fluid resuscitation should be the priority in addressing abdominal pain, as hypovolemia from vascular leak and hemoconcentration can cause ischemic pain and resultant lactic acidosis. Although Pain should be managed, and patients' needs feeding typically via NG to avoid development of necrosis. These are not the top priorities.

Question 30

1 / 1 pts

A 54-year-old male who is 30 pounds overweight states that he awakens at night with heartburn and the taste of hot acid in his mouth. Stress makes his condition worse, yet baking soda seems to provide some relief. Findings on examination are normal and the stool for occult blood is negative. The preliminary diagnosis should be:

- esophagitis.
- esophageal spasm.

Correct!

- gastroesophageal reflux disease.
- helicobacter pylori.

Some common precipitating factors of GERD include obesity, symptoms after eating acidic food, worse at night time, and relieved by a weak base such as sodium bicarbonate.

Question 31

1 / 1 pts

A 64-year-old female with a past medical history significant for hepatitis C and Cirrhosis presents to your office with abdominal pain and distention. Exam reveals tense ascites. Which is indicated for treatment?

- Furosemide 40mg PO BID
- Midodrine 10mg PO TID

Correct!

- Transfer to the hospital for large Volume paracentesis
- Labetalol 200mg PO BID

Large Volume Paracentesis will provide immediate relief for the patient, it will also allow for testing of fluid for spontaneous bacterial peritonitis.