

Score for this quiz: **150** out of 150

Question 1

1 / 1 pts

Which of the following people groups represent the least risk of cardiac disease?

Correct!

Caucasians

Question 2

1 / 1 pts

Although men less than 55 have an increased risk of cardiac events compared to women, both men and women start to have equivalent cardiac risks by age 60. This is primarily due to which following mechanism?

Correct!

Loss of cardioprotective estrogen levels in women after menopause

Question 3

1 / 1 pts

The suggested International Normalized Ratio (INR) range in a patient being treated for atrial fibrillation is:

Correct!

2.0-3.0

Question 4

1 / 1 pts

A 55 year-old female patient with no previous cardiac history and no family history of hyperlipidemia with an acute myocardial infarction is treated successfully with a drug-eluting stent during a recent hospitalization. As their long-term care provider, you anticipate they

were most likely to be also started on which of the following lipid-lowering agents at discharge?

Correct!

High intensity statin therapy

Patients with proven cardiac disease should be on high intensity statin therapy.

Question 5

1 / 1 pts

Your patient admitted with crushing chest pain just converted from sinus rhythm to sinus bradycardia and developed elevated ST segments in lead II, III, and aVF. What intervention is the priority for this patient's care?

Correct!

Activating the cardiac cath lab team for STEMI

Question 6

1 / 1 pts

The use of sublingual nitrates for patients with chest pain is relatively or absolutely contraindicated in all the following scenarios except:

Correct!

Uncontrolled hypertension

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?

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

A patient has been complaining of palpitations for the past week and presents to you at an urgent care clinic for evaluation. You perform a 12 lead EKG and identify atrial fibrillation with a hear rate of 122 beats per minute. What is your next order?

Correct!

Order a stat transthoracic (2D) echocardiogram and prepare the patient for transport to the closest appropriate hospital for inpatient evaluation

Question 9

1 / 1 pts

A 60-year-old man with a history of hypertension and diabetes presents with a new-onset headache and visual disturbances. His blood pressure is 200/110 mmHg. What is the most appropriate management?

Correct!

Refer to the emergency department

Question 10

1 / 1 pts

Your patient presents with a blowing systolic murmur rated 3/6 that is heard best over the left chest at the 5th intercostal space, left midclavicular space, radiating to the left axilla. This likely represents which cardiac finding?

Correct!

Mitral Regurgitation

The inadequate coaptation (closing together) of the two leaflets of the mitral valve under systole with left chest wall radiation are classic signs of mitral regurgitation. Aortic stenosis is also a systolic murmur, but is heard best over the 2nd intercostal space right sternal border and tends to radiate to the neck. Aortic regurgitation (insufficiency) and mitral stenosis are both diastolic murmurs.

Question 11

1 / 1 pts

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

Correct!

Angina pectoris and dysrhythmias

Question 12

1 / 1 pts

A 33-year-old woman presents with intermittent palpitations, anxiety, and heat intolerance. Her thyroid function tests reveal low TSH and high free T4. What is the most likely diagnosis?

Correct!

Hyperthyroidism

Clinical findings of hyperthyroidism are described well in this scenario. TSH will be low since there is no need to stimulate more T₃/T₄ since there's already an overage of its presence, and the T₃/T₄ will be elevated.

Question 13

1 / 1 pts

A patient is having increased thirst and urination. You have ruled out diabetes mellitus. After a complete history and physical you suspect diabetes insipidus. Your initial lab tests should include?

Plasma sodium and renal US

Renal US and 24-hour urine for volume

Recording Intake and output

Correct!

Plasma sodium, 24-hour urine osmolality and volume

Initial work up includes plasma sodium and 24-hour urine for osmolality and volume. Renal US not indicated.

Question 14

1 / 1 pts

Which of the following is true of HHS?

Rapid onset of <24 hours

Correct!

Slower onset and typically found in elderly population

Pts typically have an underlying diagnosis of Type 1 DM

Pts present with less severe hyperglycemia compared to DKA

HHS presents with severe hyperglycemia with BS >600 and pts are more dehydrated and is associated with elderly patients with a dx of type 2 diabetes. DKA has a much more rapid onset of <24 hours and associated with type 1 DM

Question 15

1 / 1 pts

A patient has a 3 cm pituitary mass noted on CT. What is your next step in evaluating the patient?

Refer to surgery

Start Cabergoline

Repeat MRI in 3 months

Correct!

Screen for hormone deficiencies

Initial work up includes hormone testing. Cabergoline is the treatment for prolactinoma. Surgery consult is indicated when there are VF deficits and/or abutment/compression on optic nerves or chiasm or if adenoma is hyperfunctioning. Adenomas >1 cm with no VF deficit or abutment/compression of optic nerves or chiasm require a follow up MRI at 6 months.

Question 16

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?

Cushing's syndrome

Correct!

Addison's disease

Pheochromocytoma

Primary hyperaldosteronism

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 17

1 / 1 pts

A 39-year-old male with type 1 DM is seen in the urgent care after a recent hospitalization for DKA. Treated with IV fluids, IV insulin, and potassium correction, His BS decreases to 120 mg/dL and is transitioned from IV insulin to Sub Q. After 6 hours he begins vomiting and ABG is done: pH 7.19, CO2 13, K+ 5.5, glucose 180. Which of the following is the most likely reason for persistent acidosis?

Failure to give bicarbonate

Correct!

Premature discontinuation of insulin drip

Failure to correct hyperkalemia

Lack of absorption of Sub Q insulin

Glucose is only one of the parameters that needs to be followed in DKA. It takes longer for ketones to clear than glucose to normalize. Insulin drip should be continued until ketonemia has resolved and the anion gap has closed. If IV insulin is discontinued prematurely the patient may have rebound acidosis. Bicarbonate replacement has been controversial in DKA.

Question 18

1 / 1 pts

An adult patient with type 2 diabetes mellitus returns at the nurse practitioner's request to discuss medication management. Current medications include metformin (Glucophage), 1000 mg twice daily, sitagliptin (Januvia), 10 mg daily, and insulin detemir (Levemir), 60 U daily. Lab values are: A1c = 10.4% [normal = less than 7.0%], fasting blood glucose = 180-190 mg/dL range [normal = less than 99 mg/dL]. Which of the following regimens should the nurse practitioner recommend?

Basal insulin only, continuing oral medications

Rapid-acting insulin only, continuing oral medications

Switching to glargine (Lantus)

Correct!

Basal and rapid-acting insulin

For a patient who is uncontrolled on oral management for diabetes with an A1c of 10.4% and a fasting glucose of 180 to 190, this patient needs a rapid acting insulin added to their regimen of a long acting basal insulin. The other options are incorrect because adding basal insulin only and continuing oral medication has not yet been effective for this patient. Switching to glargine from detemir does not likely suggest any change since both are long acting insulin. Switching to rapid insulin only and stopping long acting insulin would certainly be a step in the wrong direction, correct option to use basal and rapid acting insulin for this patient who is not controlled in their blood sugars, despite multiple oral agents and a baseline of acting insulin.

Question 19

1 / 1 pts

Classic findings in a patient with a pheochromocytoma include which of the following?

Generalized anxiety

Correct!

Paroxysmal symptoms

Depression

Postural hypotension

Patient symptoms will be paroxysmal rather than constant due to the intermittent secretion/surge of catecholamines

Question 20

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:

add atenolol, 50 mg daily.

continue the same daily dose.

Correct!

lower the dose to 50 mcg daily.

raise the dose to 100 mcg 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 21

1 / 1 pts

An elderly patient is being admitted to the skilled nursing facility and is being screened for the risk of falling. Which of the following information would trigger a complete falls assessment?

Osteoarthritis in the hips and knees

Correct!

A history of two or more falls in the prior year

Medication regimen including acetaminophen for pain and a calcium channel blocker

Living alone and having mild dementia

Of these options, the only two that have any clinical bearing on falls are a patient who has a demonstrated incident of two or more falls in a year and a patient who has an altered cognition, such as the patient who is living alone and has mild dementia. Of the two options, the clear winner is the patient who has already demonstrated to fall in the last year and they should certainly be evaluated more thoroughly with a complete fall assessment.

Question 22

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:

screens the patient for depression

prescribe methylphenidate for appetite stimulation

Correct!

explains loss of appetite is common at the end of life

order a U/A and CBC

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 23

1 / 1 pts

How should a nurse practitioner evaluate if palliative care is effective?

Advanced directives have been discussed and signed.

The illness or disease is in remission.

Correct!

The symptoms causing discomfort are lessened.

An out of hospital “Do not resuscitate” order is in place.

Palliative care consults are performed for patients who have a near terminal condition with a very minimal anticipated. Duration of life left, typically 14 days or less it does not mean a sensation of treatment, but it does focus the treatment on their quality of life to be prioritized.

Question 24

1 / 1 pts

Which is best performed to assess the risk for fall in an 88-year old adult?

Global screening assessment

Correct!

Get up and go test

PHQ-2 questionnaire

Clock-drawing test

This question is asking you if you understand the different screening to available for Mobility and fall risk. The global screening assessment, PHQ-2 questionnaire, and clock drawing test have no clinical significance to mobility. The “get up and go” test is the only option that is a mobility test of these four.

Question 25

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.

Tell the neighbor to check on the woman daily and report back.

Document the data and report the information to risk management.

Call the patient's family and inquire about the concerns.

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 26

1 / 1 pts

An adult presents with increasing abdominal girth. The nurse practitioner suspects ascites. Which finding on physical exam would confirm the suspicion of ascites?

Dullness does not shift to the dependent side

In a fluid wave test, tympany shifts to the bottom

Correct!

Dullness shifts to the more dependent side

An impulse is not easily palpable

In the fluid wave test for ascites, dullness shifts to the more dependent side. The impulse of the wave should be easily palpable.

Question 27

1 / 1 pts

A 59-year-old male presents with symptoms of abdominal pain, jaundice, and weight loss which he has not been trying to lose weight. What would be a malignancy associated with these symptoms?

Barrett's Esophagus

Adenocarcinoma

Esophageal cancer

Correct!

Pancreatic cancer

Pancreatic cancer, the most typically presentation includes abdominal pain, jaundice, and weight loss. Although weight loss and abdominal pain may be present with adenocarcinoma it is unlikely to present with jaundice, and you're unlikely to have abdominal pain or jaundice with any esophageal malignancy.

Question 28

1 / 1 pts

A 56-year-old male on your service has been diagnosed with colon cancer which is localized. What is the primary management that you should expect to prepare your patient for?

- Radiation
- Chemotherapy
- Ostomy formation

Correct!

Surgery

Surgery is the only curative modality for localized colon cancers. Patients with progressive/metastatic disease may require chemotherapy/radiation.

Question 29

1 / 1 pts

Oral clindamycin is contraindicated in which of the following conditions?

- Rheumatoid arthritis

Correct!

Irritable bowel disease

- Latex allergy
- Hypothyroidism

Use of oral clindamycin should be avoided in any patient with a GI history due to the risk of C Diff colitis.

Question 30

1 / 1 pts

A 35-year-old man presents with sudden onset of severe flank pain radiating to the groin, nausea, and vomiting. He reports a history of similar episodes. What is the most likely diagnosis?

- Acute cystitis
- Chronic kidney disease
- Pyelonephritis

Correct!

Renal calculi

The radiation of this pain is suspicious of renal calculi in the ureter leading from the kidney to the bladder. Pyelonephritis may cause lumbar pain and be sensitive on exam with CVA tenderness and acute cystitis would cause bladder pain in the low midline abdomen. There is no clinical symptom of CKD.

Question 31

1 / 1 pts

If the history, physical examination, and liver function tests of a 50-year-old patient suggest biliary tract obstruction, the preferred image modality is:

Flat plate of the abdomen

Nuclear scintigraphy

Correct!

Ultrasonography

MRI with contrast

Ultrasound is a well tolerated painless exam to evaluate for solid or fluid-filled organs. This will provide a clear picture of the gall bladder and liver to evaluate for pathology.

Question 32

1 / 1 pts

A 63-year-old male presents with a suspected lower GI bleed. He reports passing frank small amounts of blood several times today. He denies use of NSAID's or blood thinners. What questions would be important to ask to further differentiate your diagnosis?

When was his last colonoscopy?

Changes in bowel habits

Is there pain associated with passing of stool

Correct!

All options are appropriate

All the above, these questions would help determine if this bleed was associated with a potential diverticular bleed (typically painless), painful bowel movement associated with IBD (UC/Crohn's), and changes in bowel habit/colonoscopy risk for malignancy.

Question 33

1 / 1 pts

A 43-year-old male with past medical history significant for GERD, smoking, and obesity presents to your clinic for worsening GERD symptoms, he has been taking protonix 40mg daily with no improvement. What imagining/diagnostic would be warranted for this patient.

Barium x-ray

Correct!

EGD

ERCP

MRI

Due to this patient's underlying history of GERD, and risk factors of obesity and smoking he should be screened for Barrett's esophagus. This would be done by performing an EGD

Question 34

1 / 1 pts

A geriatric female presents with complaints of dyspnea and fatigue. All blood work is normal except for Hgb of 9.0 g/dL, Hct of 33%, and guaiac positive stool. The patient also reports a bowel pattern of alternating constipation and diarrhea, and frequent laxative use. Which diagnostic tests should be ordered?

Correct Answer

Colonoscopy

Upper GI series

CT scan of abdomen

MRI scan of abdomen

This patient is in need of a colonoscopy to evaluate for the cause of occult bleeding.