1. 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?
    a. Mitral Stenosis
    b. Mitral Regurgitation
    c. Aortic Regurgitation
    d. Aortic Stenosis
2. 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?
    a. Administer 150mg of amiodarone IV bolus
    b. Order a stat transthoracic (2D) echocardiogram and prepare the patient for trasnport to the closest appropriate hospital for inpatient evaluation
    c. Administer 5mg of warfarin
    d. Apply a Holter monitor
3. Which of the following medications does not cause beta 1 stimulation?
    a. dobutamine
    b. phenylephrine
    c. dopamine
    d. epinephrine
4. A 65-year-old woman presents for a follow-up examination. She is a smoker, and her hypertension is now adequately controlled with medication. Her mother died at age 40 from a heart attack. The fasting lipid profile shows cholesterol = 240 mg/dL, HDL = 30, and LDL = 200. In addition to starting therapeutic lifestyle changes, the nurse practitioner should start the patient on:
    a. bile acid sequestrant.
    b. a statin drug.
    c. low-dose aspirin.
    d. a cholesterol absorption inhibitor.
5. Effective long-term treatment of systolic heart failure with reduced ejection fraction should include which of the following?
    a. Prescribing 500 ml fluid bolus for hypotension
    b. Prescribing midazolam to aid with air hunger
    c. Auscultating lung sounds for rhonchi
    d. Prescribing valsartan/sacubitril (Entresto) unless contraindicated on discharge
6. 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?
    a. Diltiazem (Cardizem)
    b. Aspirin

c. Carvedilol (Coreg)
d. Spironolactone (Aldactone)

7. The use of sublingual nitrates for patients with chest pain is relatively or absolutely contraindicated in all the following scenarios except:
   a. Use during right coronary artery territory STEMI
   b. Profound hypotension
   c. Uncontrolled hypertension
   d. Concomitant use with phosphodiesterase inhibitors
8. Ophthalmic examination of a patient with a 10-year history of poorly controlled hypertension, despite three-drug-therapy, would most likely reveal:
   a. Drusen bodies
   b. Increased vascularization
   c. Optic atrophy
   d. Arteriolar narrowing
9. Recommendation for lipid check in adolescent with type 1 DM?
   a. 10 years
   b. 2 years
   c. 1 year
   d. 5 years
10. Your patient presents with bradycardia, severe nausea, and substernal pain. STEMI was identified on the EKG. Which region of the heart is most likely involved?
    a. Septal Wall
    b. Inferior Wall
    c. Anterior Wall
    d. Lateral Wall
11. A starting dose for a elderly adult patient with a BMI of 20 needing levothryoxine
    a. 75 mcg
    b. 125 mcg
    c. 25 mcg
    d. 100 mcg
12. After confirming your patient is hypercortisolemic, a critical part of the diagnostic work up is to do which next?
    a. Order ACTH level
    b. Order adrenal MRI
    c. Order MRI of brain
    d. Refer to surgery
13. Which of the following is the most common cause of Cushing's Syndrome?
    a. Adrenal adenoma
    b. Long term excessive glucocorticoid use
    c. Ectopic ACTH secretion
    d. ACTH-producing pituitary adenoma

14. 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?
    a. Failure to correct hyperkalemia
    b. Lack of absorption of Sub Q insulin
    c. Failure to give bicarbonate
    d. Premature discontinuation of insulin drip
15. Classic findings in a patient with a pheochromocytoma include which of the following?
    a. Postural hypotension
    b. Paroxysmal symptoms
    c. Generalized anxiety
    d. Depression
16. Pheochromocytoma is best diagnosed by which of the following tests:
    a. Plasma metanephrines with blood pressure values
    b. Adrenal CT/MRI
    c. 24-hour urine for catecholamines/metanephrines and plasma metanephrines
    d. Blood pressure values and adrenal CT/MRI
17. Which of the following is produced in the pancreas and counteracts hypoglycemia?
    a. Pancreas
    b. Growth hormone
    c. Insulin
    d. Glucagon
18. A patient is having increased thirst and urination. You have ruled out diabetes mellitus. After a compete history and physical you suspect diabetes insipidus. Your initial lab tests should include?
19. Group of answer choices
    a. Renal US and 24-hour urine for volume
    b. Plasma sodium and renal US
    c. Recording Intake and output
    d. Plasma sodium, 24-hour urine osmolality and volume
20. 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?
    a. Hypoparathyroidism
    b. Osteoporosis
    c. Hyperparathyroidism
    d. Hypercalcemia of malignancy
21. An adult male who has managed type 2 diabetes mellitus well for many years presents for a 6-month follow up. His Hgb A1c has risen from 7% to 9% over the

interval. All other laboratory values are normal and his BMI is still 25. His psychiatrist recently added olanzapine (Zypreza) to the medical regimen. The nurse practitioner will most likely:

a. Begin to increase the patient's diabetes medications incrementally
b. Encourage the patient to start walking for 30 min every other day
c. Encourage the patient to cut back on dietary intake
d. Discontinue the olanzapine until the patient's psychiatrist has been consulted

22. 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?
    a. Alzheimer's dementia
    b. Lewy-body dementia
    c. Progressive vascular dementia
    d. Mini-strokes
23. 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?
    a. Tell the neighbor to check on the woman daily and report back.
    b. Call the patient's family and inquire about the concerns.
    c. Document the data and report the information to risk management.
    d. Report the case to the proper authorities.
24. The management of COPD in the elderly is best guided by:
    a. spirometry.
    b. radiologic imaging.
    c. arterial blood gases.
    d. symptomatology.
25. Which of the following gastrointestinal changes is associated with normal aging?
    a. Increased salivation
    b. Decreased production of gastric acid
    c. Decreased incidence of gallstones
    d. Increased esophageal emptying
26. 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?
    a. A history of two or more falls in the prior year
    b. Osteoarthritis in the hips and knees
    c. Medication regimen including acetaminophen for pain and a calcium channel blocker
    d. Living alone and having mild dementia
27. A 36-year-old female presents to your service with RUQ pain, fever, nausea and vomiting, and loss of appetite. Imagining shows stones present in the gallbladder,

no dilation in the biliary duct, US shows edema and wall thickening. What is the patients most likely diagnosis?

a. Choledocholithiasis
b. Acute pancreatitis
c. Cholangiocarcinoma
d. Acute cholecystitis

28. An adult patient presents with left lower quadrant abdominal tenderness and a history of diverticular disease. The patient denies any fever or vomiting, and the last episode was over 10 years ago. Suspecting this is a mild and uncomplicated episode the best treatment plan is:
    a. CT scan
    b. increase whole grain and water intake
    c. CBC and metabolic panel
    d. ciprofloxacin
29. During the past 24 hours, a 62-year-old has experienced abdominal pain that radiates to the back. The patient also reports several episodes of nausea and vomiting, a low-grade temperature, and a history of excessive drinking. Physical examination reveals a distended abdomen. Laboratory serum values indicate elevated alkaline phosphatase, amylase, and serum lipase. The most likely diagnosis is:
    a. A alcoholic liver disease.
    b. acute pancreatitis.
    c. viral hepatitis.
    d. acute mesenteric ischemia.
30. 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. He had an EGD done with biopsy. Which findings would diagnose the patient with Barret's esophagus?
    a. Intestinal metaplasia with goblet cells
    b. Smooth muscularis mucosae
    c. Intestinal dysplasia with goblet cells
    d. Erosion of esophagus, and inflammatory findings on biopsy
31. Where can Crohn’s disease be located within the GI tract and how does it present (continuous or patchy)?
    a. Patchy inflammation throughout the small bowel and colon
    b. In the esophagus and stomach only
    c. In the colon only and patchy
    d. In the colon continuous throughout
32. A 29-year-old male presents with severe abdominal pain, he has a history of alcohol abuse, and recurrent pancreatitis. Patients 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?
    a. Further imagining and diagnosis with EUS and aspiration for development of necrosis