

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?
  - Mitral Regurgitation
2. While working in a fast-track clinic as a NP in an emergency department, your patient complains of shortness of breath with activity and near syncope with changing position from seated to standing on multiple recent episodes. You examine them and notice a harsh systolic murmur heard best at the right sternal border at the 2nd intercostal space rated 3/6, which has a bruit radiating to the right carotid artery. Of the following examinations, which is most appropriate or you to order next to evaluate this murmur?
  - Transthoracic echocardiogram
3. The most important diagnostic factor in evaluating angina pectoris is the patient's:
  - History
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 statin drug.
5. As a f/u from a hospitalization an adult patient presents with ankle edema. Which of the following medications is the most likely cause of the edema?
  - Norvasc: The most common side effects of calcium channel blockers include constipation and lower extremity edema.
6. 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:
  - Intermittent claudication
7. An otherwise healthy patient reports episodes of palpitations lasting less than 5 minutes and occurring 3-5 times daily. The patient describes a substernal flip-flop sensation with a sudden rapid heart rate, ending with a forceful beat. Holter monitoring would most likely document:
  - Paroxysmal supraventricular tachycardia
8. A patient presenting with symptoms of hypotension, narrowed pulse pressures, muffled heart tones, and jugular venous distention is most likely experiencing which of the following life-threatening conditions?
  - Pericardial tamponade
9. An adult patient must maintain an International Normalized Ratio (INR) between 2.0 and 3.0. The patient goes to a clinic for INR determination, and the result is 1.4. Which of the following would be likely to decrease the effects of warfarin (Coumadin)?
  - Broccoli
10. An example of secondary prevention for a diagnosis of coronary artery disease includes which of the following?
  - Coronary artery bypass grafting

11. 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?
  - Addison's disease
12. Patients on levothyroxine should be monitored for signs of which one of the following:
  - Angina pectoris and dysrhythmias
13. A patient has a 2 cm pituitary adenoma on MRI. Deficiency of one of the pituitary hormones can cause immediate hemodynamic instability and has a risk of death. Which is the most critical hormone deficiency to rule out?
  - ACTH
14. After confirming your patient is hypercortisolemic, a critical part of the diagnostic work up is to do which next?
  - Order ACTH level
15. A 33-year-old woman presents with irregular menstrual cycles, hirsutism, and obesity. Laboratory tests reveal elevated serum testosterone and LH ratio > 2:1. What is the most appropriate initial treatment?
  - Oral contraceptives
16. A 40-year-old female presents with abnormal thyroid labs. Her labs show: TSH 0.25 (0.4- 5.69), Free T4 1.5 (0.5-1.1), TSI antibody positive. You counsel her that:
  - She likely has autoimmune hyperthyroidism, and a thyroid uptake scan and US may be helpful
17. A 27-year-old woman presents with frequent headaches, galactorrhea, and amenorrhea. MRI of the brain reveals a pituitary adenoma. What is the most appropriate initial treatment?
  - Dopamine agonists
18. 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:
  - lower the dose to 50 mcg daily.
19. An adult female recently returned 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?
  - Triiodothyronine (T3) and free thyroxine (FT4)
20. All the following are factors associated with the development of type II diabetes EXCEPT:
  - peripheral vascular disease
21. 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?
  - Report the case to the proper authorities.
22. A frail elderly patient presents with constipation. Which of the following normal physiologic changes seen with aging is the most likely cause?

- Decreased bowel muscle tone
23. 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 history of two or more falls in the prior year
  24. How should a nurse practitioner evaluate if palliative care is effective?
    - The symptoms causing discomfort are lessened.
  25. The management of COPD in the elderly is best guided by:
    - Symptomology
  26. Where can Crohn's disease be located within the GI tract and how does it present (continuous or patchy)?
    - Patchy inflammation throughout the small bowel and colon
  27. 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?
    - Surgery
  28. An adult presents with increasing abdominal girth. The nurse practitioner suspects ascites. Which finding on physical exam would confirm the suspicion of ascites
    - Dullness shifts to the more dependent side
  29. 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?
    - Renal calculi
  30. If the history, physical examination, and liver function tests of a 50-year-old patient suggest biliary tract obstruction, the preferred image modality is:
    - Ultrasound
  31. A 36-year-old female presents to your service with RUQ pain, fever, nausea and vomiting, and loss of appetite. Imaging shows stones present in the gallbladder, no dilation in the biliary duct, US shows edema and wall thickening. What is the patient's most likely diagnosis?
    - Acute cholecystitis
  32. 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:
    - gastroesophageal reflux disease.
  33. Oral clindamycin is contraindicated in which of the following conditions?
    - Irritable bowel disease
  34. An adult female presents with profuse, watery diarrhea and loss of appetite for the past 5 days with 4-5 stools per day. Stool cultures are positive for C Diff. Patient cannot afford Vancomycin. The most appropriate antibiotic is:
    - Metronidazole
  35. 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: