

1. An example of secondary prevention for a diagnosis of coronary artery disease includes which of the following?
  - a. Group of answer choices
  - b. Practicing yoga and meditation to reduce stress
  - c. LDL decreasing from 120 to 98 with healthy diet
  - d. Controlling hypertension
  - e. **Coronary artery bypass grafting**
2. Your patient is complaining of paroxysmal atrial fibrillation. Which medical procedure is commonly used to treat this condition?
  - a. Placement of biventricular pacing
  - b. Overdrive pacing via an epicardial lead
  - c. **Cryoablation of the transition zone of the left pulmonary vein inflow to the left atrium**
  - d. Radio frequency ablation of the left ventricular apex
3. 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?
  - a. Pericarditis
  - b. Cardiac contusion
  - c. **Pericardial tamponade**
  - d. Tension pneumothorax
4. 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?
  - a. Moderate intensity statin therapy
  - b. Ezetimibe prior to initiating statin therapy
  - c. PCSK9 inhibitor therapy
  - d. **High intensity statin therapy**
5. A 45-year-old man presents with intermittent chest discomfort and shortness of breath that occurs during physical activity and resolves with rest. He has a history of hypertension. Which diagnostic test is most appropriate to evaluate his cardiac function and assess for possible structural heart disease?
  - a. Electrocardiogram (ECG)
  - b. **Echocardiogram**
  - c. Cardiac MRI
  - d. Chest X-ray
6. The most important diagnostic factor in evaluating angina pectoris is the patient's:
  - a. Echocardiogram
  - b. **History**
  - c. Cardiac MRI

- d. Physical examination
7. 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
  - Right Ventricle
  - Neither Left or Right Ventricles
  - Both Right and Left Ventricles
8. Which of the following medical exam requires the patient to be sedated?
- Nuclear stress test
  - Tilt table test
  - Transthoracic echocardiogram (TTE)
  - Transesophageal echocardiogram (TEE)
9. The patient you just saw in your office is being hospitalized for sepsis. Which does not represent an evidence of poor end-organ function?
- Patient is alert but oriented to his name only
  - Cardiac Index of 4
  - Oliguria for the past 24 hrs
  - Capillary refill on all extremities of 5 seconds
10. 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?
- Apply a Holter monitor
  - Order a stat transthoracic (2D) echocardiogram and prepare the patient for transport to the closest appropriate hospital for inpatient evaluation
  - Administer 150mg of amiodarone IV bolus
  - Administer 5mg of warfarin
11. Which of the following is the most common cause of Cushing's Syndrome?
- Long term excessive glucocorticoid use
  - Adrenal adenoma
  - Ectopic ACTH secretion
  - ACTH-producing pituitary adenoma
12. 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:
- Encourage the patient to cut back on dietary intake
  - Discontinue the olanzapine until the patient's psychiatrist has been consulted

- c. Encourage the patient to start walking for 30 min every other day
  - d. **Begin to increase the patient's diabetes medications incrementally**
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?
- a. **ACTH**
  - b. FSH/LH
  - c. TSH
  - d. Prolactin
14. Which of the following is true of HHS?
- a. **Slower onset and typically found in elderly population**
  - b. Pts present with less severe hyperglycemia compared to DKA
  - c. Rapid onset of <24 hours
  - d. Pts typically have an underlying diagnosis of Type 1 DM
15. A 18-year-old woman presents with increased thirst, frequent urination, and unexplained weight loss. Her fasting plasma glucose level is 200 mg/dL. What is the most likely diagnosis?
- a. Diabetes insipidus
  - b. **Type 1 diabetes mellitus**
  - c. Cushing's syndrome
  - d. Syndrome of inappropriate Anti Diuretic Hormone (SIADH)
16. 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?
- a. Corticosteroids
  - b. Radiation therapy
  - c. **Dopamine agonists**
  - d. Surgery
17. Patients on levothyroxine should be monitored for signs of:
- a. Increased nausea and constipation
  - b. **Angina pectoris and dysrhythmias**
  - c. Memory deficits and hyperreflexia
  - d. Ankle edema and discomfort
18. 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, CO<sub>2</sub> 13, K<sup>+</sup> 5.5, glucose 180. Which of the following is the most likely reason for persistent acidosis?
- a. Lack of absorption of Sub Q insulin
  - b. Failure to correct hyperkalemia
  - c. **Premature discontinuation of insulin drip**
  - d. Failure to give bicarbonate

19. A 60-year-old woman presents for a routine check-up. She has a history of hypertension, type 2 diabetes mellitus, and hyperlipidemia. She is currently on lisinopril, metformin, and atorvastatin. She has no new complaints. On examination, her blood pressure is 135/80 mmHg, heart rate is 72 beats per minute, and BMI is 32 kg/m<sup>2</sup>. Recent laboratory tests reveal HbA1c of 7.5%, LDL cholesterol of 110 mg/dL, and creatinine of 1.1 mg/dL. What is the most appropriate management plan to optimize her care?
- Increase the dose of metformin
  - Increase the dose of atorvastatin
  - Increase the dose of lisinopril
  - Recommend lifestyle modifications including diet and exercise
20. Classic findings in a patient with a pheochromocytoma include which of the following?
- Generalized anxiety
  - Paroxysmal symptoms
  - Depression
  - Postural hypotension
21. The management of COPD in the elderly is best guided by:
- symptomatology.
  - radiologic imaging.
  - spirometry.
  - arterial blood gases.
22. Which of the following gastrointestinal changes is associated with normal aging?
- Decreased incidence of gallstones
  - Increased esophageal emptying
  - Decreased production of gastric acid
  - Increased salivation
23. 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
  - Increased bile secretion
  - Increased absorption of calcium
  - Decreased pancreatic secretions
24. 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
  - order a U/A and CBC
  - explains loss of appetite is common at the end of life
25. 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. Living alone and having mild dementia
  - c. Medication regimen including acetaminophen for pain and a calcium channel blocker
  - d. Osteoarthritis in the hips and knees
26. An adult female with rheumatoid arthritis presents to the office for a follow up. She is currently taking methotrexate and over the counter Ibuprofen. Today she complains of severe stomach pain and intense abdominal cramping. After the nurse practitioner makes appropriate adjustments to the patient's medication regimen, the patient still complains of abdominal discomfort and reports dark stools. The practitioner suspects:
- a. NSAID-induced hepatitis
  - b. Ulcerative colitis
  - c. Diverticulitis
  - d. Gastric ulceration
27. 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?
- a. When was his last colonoscopy?
  - b. Changes in bowel habits
  - c. Is there pain associated with passing of stool
  - d. All options are appropriate
28. A patient with alcohol-induced liver disease presents with a sudden change in personality and loss of concentration and judgement after ingesting a meal high in protein. The nurse practitioner should plan to reduce the elevated level of which toxin in the blood?
- a. Ammonia
  - b. Carbon dioxide
  - c. Iron
  - d. Mercury
29. 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?
- a. Barrett's Esophagus
  - b. Pancreatic cancer
  - c. Adenocarcinoma
  - d. Esophageal cancer
30. 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:
- a. esophagitis.
  - b. gastroesophageal reflux disease.

- c. esophageal spasm.
  - d. helicobacter pylori.
31. A 42-year-old male with past medical history significant for right chronic right shoulder pain, CAD, ETOH abuse, and hypertension presents with several episodes of hematemesis. He reports he only takes Ibuprofen 200mg 3 times daily. He reports he has been on this regimen for 6 months now due to his pain. What medical history would be significant for risk factors of PUD in this patient?
- a. Hypertension
  - b. Coronary artery disease
  - c. Alcohol abuse
  - d. Chronic pain with use of NSAIDs
32. 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?
- a. Furosemide 40mg PO BID
  - b. Transfer to the hospital for large Volume paracentesis
  - c. Midodrine 10mg PO TID
  - d. Labetalol 200mg PO BID
33. 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?
- a. intermittent acetaminophen intake
  - b. Lack of fluid intake
  - c. chronic alcohol intake
  - d. Lack of exercise
34. A 42-year-old female presents with large watery frequent stools. She also reports abdominal pain and cramping, bloating and gas. The likely anatomical source of her diarrhea is where?
- a. Stomach
  - b. Small intestine
  - c. Esophagus
  - d. Large intestine (colon)
35. 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?
- a. Pain management with IV narcotics
  - b. Feeding patient to reduce risk of necrosis
  - c. Further imaging and diagnosis with EUS and aspiration for development of necrosis