

Week 5 Full Length Practice Exam

- . **Points** 150
- . **Questions** 150
- . **Time Limit** 180 Minutes

	Attempt	Time	Score
LATEST	Attempt 1	110 minutes	150 out of 150

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

Submitted Feb 9 at 1:17pm

This attempt took 110 minutes.

Question 1

1 / 1 pts

As the nurse practitioner on call on at a long term care facility, a nurse calls you to notify you that your patient who was in normal sinus rhythm has started to have extra premature beats noted on bedside telemetry. The nurse states these extra beats occur approximately every 6 normal beats and has an inverted p wave located after the narrow QRS complex which appears otherwise identical to the normal sinus rhythm QRS complex. What is this nurse likely describing?

Correct!

[Premature Junctional Contractions](#)

Sinus exit block does have a pause, but no change in P wave morphology. PACs will maintain an early but otherwise normal P wave/QRS. PJC's will have absent, inverted or retrograde P waves(after the QRS) and be otherwise narrow complex QRS. PVCs will be absent of any P wave and have a wide complex QRS.

Premature Ventricular Contractions

Premature Atrial Contractions

Sinus Exit Block

Question 2

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?

Prescribe antihypertensive medication and follow up in a week

Correct!

[Refer to the emergency department](#)

Start insulin therapy

Advise dietary changes

Question 3

1 / 1 pts

You are the nurse practitioner caring for the patient with a diagnosis of premature atrial contractions. Initial treatment should include which priority intervention?

Performing a comprehensive physical examination

Correct Answer

Ordering 2L NC oxygen if symptomatic

Ordering a 12-lead EKG

Premature atrial contractions are both common and typically not harmful to the patient other than causing mild symptoms such as SOB, palpitations, and anxiety. This question is asking for an intervention. Although all these are reasonable choices in managing this patient's care, none of the options above other than applying oxygen are interventions; rather, they are evaluations.

Palpating a radial pulse while auscultating heart tones for pulse deficits

Question 4

1 / 1 pts

Your patient has been diagnosed with a 4.5cm ascending aortic aneurysm. Which medical imaging is considered standard of care for serial surveillance?

Plain film chest X-ray (CXR)

Transesophageal Echocardiogram

Correct!

[CT angiography of the chest](#)

CT angiography is considered the standard of care for measuring vascular luminal dimensions with contrast. CT PE protocol is not timed properly for the aorta (it's timed for the pulmonary artery). Although a plain film is able to catch large aneurysms at times, they are not able to provide multi-axis reconstruction needed to accurately measure the size. Transesophageal echo is not needed to accurately measure the aorta and requires the patient to undergo sedation which is unnecessary.

CT PE rule-out protocol

Question 5

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?

Exercise stress test

Bilateral popliteal blood pressures

Angiogram of the leg with runoff

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.

Question 6

1 / 1 pts

What is the chamber which directly pumps blood into the ascending aorta?

Correct!

Left Ventricle

In the pathway of cardiac blood flow, the aorta is directly after the left ventricular outflow tract.

Right Ventricle

Right Atrium

Left Atrium

Question 7

1 / 1 pts

A grade III/VI, low-pitched, diastolic, rumbling murmur heard at the apex, and best heard in the left lateral decubitus position, is most indicative of which of the following types of valve problem?

Aortic regurgitation

Mitral regurgitation

Correct!

Mitral stenosis

Aortic stenosis

Question 8

1 / 1 pts

A nurse practitioner places a 76-year-old patient on nifedipine (Procardia) 10 mg t.i.d. for angina. The patient is unable to remember to take the medication at the scheduled times. The practitioner should:

increase the dosage to 20 mg b.i.d.

Correct!

change the dose to extended release 30 mg daily.

discuss the issue with the patient's daughter.

reinforce the importance of taking the medication.

Question 9

1 / 1 pts

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

Use during right coronary artery territory STEMI

Concomitant use with phosphodiesterase inhibitors

Correct!

[Uncontrolled hypertension](#)

Hypertension does not contraindicate the use of nitrates. Use of phosphodiesterase inhibitors such as sildenafil may cause a precipitous drop in blood pressure, as would their use with patients relying on diastolic filling pressure in RCA territory STEMI. Profound hypotension is an absolute contraindication.

Profound hypotension

Question 10

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)

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.

Aspirin

Spirolactone (Aldactone)

Question 11

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 12

1 / 1 pts

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

Correct Answer

Begin to increase the patient's diabetes medications incrementally

Encourage the patient to start walking for 30 min every other day

A common side effect of initiation of olanzapine (Zyprexa) is increased appetite and it is evidenced by this by the patient having their A1c increase from 7 to 9%. The patient should have their diabetic medication dose increased to help counteract this phenomenon, however a long-term strategy may include consult the psychiatrist about decreasing the dose or altering the medication as this represents a considerable health risk to the patient. As that specifically was not an option, the best option would be to augment the anti-diabetic medication regimen. Stopping the olanzapine without discussing it with the psychiatrist would potentially cause the patient to experience discontinuation syndrome.

Question 13

1 / 1 pts

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 hypothyroidism and will need thyroid hormone replacement

Plan to monitor her for S&S and repeat labs in 6-8 weeks

Correct!

She likely has autoimmune hyperthyroidism, and a thyroid uptake scan and US may be helpful

She likely has a multinodular toxic goiter

Positive TSI and TRAB antibodies are consistent with Graves/hyperthyroidism. Positive TPO antibodies are consistent with Hashimoto's/hypothyroidism.

Question 14

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?

Correct!

Plasma sodium, 24-hour urine osmolality and volume

Renal US and 24-hour urine for volume

Recording Intake and output

Plasma sodium and renal US

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

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

Cushing's syndrome

Primary hyperaldosteronism

Correct!

[Addison's disease](#)

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

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?

Hypercalcemia of malignancy

Correct Answer

Hyperparathyroidism

Hypoparathyroidism

Osteoporosis

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

Question 17

1 / 1 pts

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/m². 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?

Correct!

[Recommend lifestyle modifications including diet and exercise](#)

Increase the dose of metformin

Increase the dose of lisinopril

Increase the dose of atorvastatin

Although all these are potential options to consider, the loss of weight is most likely to affect all of her issues and should be considered as the first therapy before adding additional medications, especially as she is already on 3 agents, yet her BMI of 32 suggests she is obese.

Question 18

1 / 1 pts

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

Pancrease

Correct!

Glucagon

Insulin

Growth hormone

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 19

1 / 1 pts

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?

Correct!

Oral contraceptives

Spirolactone

Metformin

Clomiphene

These are classic symptoms of polycystic ovarian syndrome and the patient should be treated with oral contraceptives to help stabilize their estrogen and progesterone. Additionally, they may be managed on metformin and/or spironolactone for their PCOS.

Oral contraceptive pills (OCPs) are often the first pharmacological treatment for polycystic ovary syndrome (PCOS) because they help manage in several ways:

- **Menstrual irregularities:** OCPs can help regulate menstrual cycles, making periods lighter and more regular. This is important because irregular ovulation can lead to endometrial hyperplasia, which is a buildup of uterine tissue that can increase the risk of uterine cancer.
- **Androgen excess:** OCPs can reduce androgen production and increase sex hormone-binding globulin (SHBG), which binds androgens. This can help reduce symptoms like acne, hirsutism (unwanted body and facial hair), and androgenic alopecia (male pattern baldness).
- **Endometrium protection:** OCPs can protect the endometrium by ensuring regular ovulation

Question 20

1 / 1 pts

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

Correct!

[Screen for hormone deficiencies](#)

Repeat MRI in 3 months

Start Cabergoline

Refer to surgery

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 21

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

Alzheimer's dementia

Correct!

Progressive vascular dementia

Mini-strokes

Question 22

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 23

1 / 1 pts

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

PHQ-2 questionnaire

Clock-drawing test

Global screening assessment

Correct!

[Get up and go 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 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:

screens the patient for depression

Correct!

explains loss of appetite is common at the end of life

prescribe methylphenidate for appetite stimulation

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 25

1 / 1 pts

Which of the following gastrointestinal changes is associated with normal aging?

Increased salivation

Decreased incidence of gallstones

Increased esophageal emptying

Correct!

Decreased production of gastric acid

Evidence of the normal aging process includes decreased production of gastric acid, increased incidence of gallstones, decreased salivation, and decreased esophageal emptying.

Question 26

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?

Pain management with IV narcotics

Correct!

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

Feeding patient to reduce risk of necrosis

Further imaging and diagnosis with EUS and aspiration for development of necrosis

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 27

1 / 1 pts

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 patients most likely diagnosis?

Choledocholithiasis

Acute pancreatitis

Cholangiocarcinoma

Correct!

Acute cholecystitis

Acute cholecystitis, due to no duct dilation or stones being present in the duct or any abnormal obstruction. The likely cause of this patients' symptoms is stones/inflammation of the gallbladder.

Question 28

1 / 1 pts

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:

Diverticulitis

Ulcerative colitis

NSAID-induced hepatitis

Correct!

Gastric ulceration

The overuse of NSAIDs such as ibuprofen (Advil) have caused the prostaglandin inhibition-related thinning of the mucosal lining of the stomach, thereby predisposing the patient to gastric ulceration and GI bleeding.

Question 29

1 / 1 pts

The best medication for a patient who presents with irritable bowel syndrome with cramping is:

lactulose (Kristalose).

Correct!

dicyclomine (Bentyl).

bismuth subsalicylate (Pepto-Bismol).

aluminum/magnesium hydroxide (Maalox).

Of these options, only dicyclomine (Bentyl) is an antispasmodic.

Question 30

1 / 1 pts