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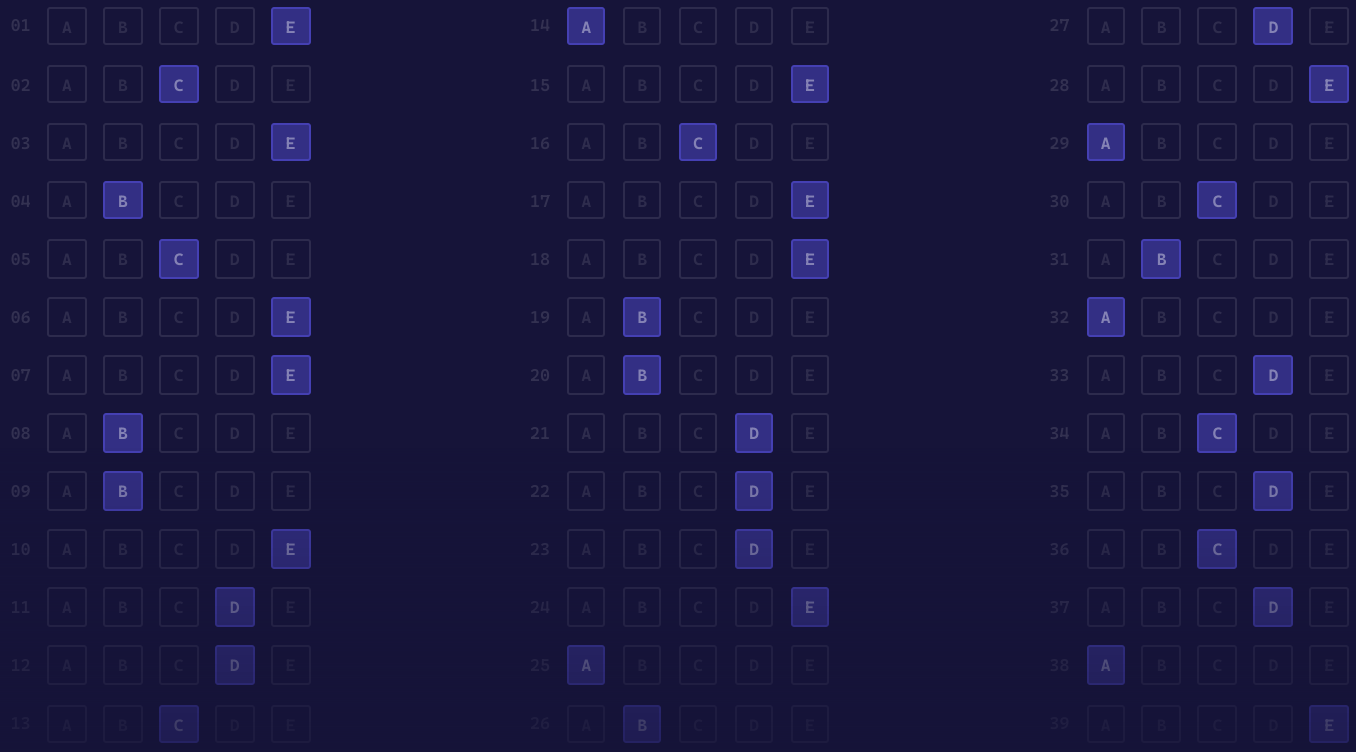

PRACTICE QUESTIONS

American Nurses Credentialing Center (ANCC)

32FT

Ambulatory Care Nursing - Field Test

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Nurses Credentialing Center (ANCC) `32FT`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `32FT`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A 45-year-old patient with a body mass index (BMI) of 32 kg/m^2 presents for a routine annual visit in an ambulatory clinic. The patient reports no chronic illnesses and takes no medications. Which intervention is the most appropriate primary prevention measure for this patient?

A Order a lipid panel and fasting glucose test to screen for metabolic syndrome

B Refer the patient to a registered dietitian for individualized weight-management counseling

C Initiate metformin therapy for diabetes prevention

D Schedule a follow-up appointment in 6 months for weight reassessment only

ANSWER B

WHY Primary prevention targets individuals without disease to prevent its onset. The patient has obesity (BMI ≥30) without a diagnosis of diabetes or dyslipidemia, so initiating pharmacotherapy (C) or screening for existing disease (A) represents secondary prevention. A dietitian referral for individualized counseling (B) addresses modifiable lifestyle factors before disease develops. Deferring intervention (D) misses the opportunity for early risk-reduction counseling, which is a core competency of the ambulatory care nurse.

QUESTION 2 SINGLE CHOICE

An ambulatory care nurse receives a telephone call from the parent of a 6-year-old child who developed a fever of 101.5°F (38.6°C) 4 hours after receiving the measles-mumps-rubella (MMR) vaccine. The child is alert, drinking fluids, and has no rash. Which is the most appropriate nursing response?

A Direct the parent to bring the child to the emergency department immediately for evaluation of possible sepsis

B Advise the parent that a low-grade fever within 24 to 48 hours post-MMR vaccination is a common, self-limiting reaction and to continue monitoring

C Instruct the parent to administer aspirin every 4 hours to reduce the fever

D Schedule the child for an urgent clinic visit the same day for a sepsis workup

ANSWER B

WHY A mild to moderate fever within 24 to 48 hours following MMR vaccination is a well-documented, self-limiting post-vaccination reaction. Aspirin is contraindicated in children with viral illness due to the risk of Reye syndrome (C). Emergency or urgent evaluation (A, D) is unwarranted for a well-appearing child with no red-flag symptoms; telephone triage guidelines support parental reassurance and monitoring instructions.

QUESTION 3 SINGLE CHOICE

A patient with newly diagnosed heart failure (NYHA Class II) is being discharged from an ambulatory clinic with a new prescription for furosemide. Which action by the ambulatory care nurse best supports safe transition of care?

A Provide a printed list of all medications the patient was taking before the new prescription

B Schedule a follow-up appointment within 7 to 14 days to reassess weight, symptoms, and electrolyte status

C Advise the patient to stop all over-the-counter supplements without further assessment

D Document the visit only in the nursing progress notes; the primary provider will reconcile medications at the next visit

ANSWER B

WHY Evidence-based heart failure transition-of-care guidelines recommend early follow-up (typically within 7–14 days) after discharge or medication initiation to monitor volume status, daily weights, symptoms, and electrolytes such as potassium. A historical medication list (A) does not address the new high-risk diuretic therapy. Telling the patient to stop all supplements (C) is unsafe without review. Medication reconciliation is a core nursing responsibility and should not be deferred (D).

QUESTION 4 SINGLE CHOICE

When developing a teaching plan for a patient newly prescribed a metered-dose inhaler (MDI), the ambulatory care nurse incorporates several evidence-based health-literacy strategies. Which strategy is most consistent with current patient-education standards?

A Provide a single page of detailed pharmacological information about the medication

B Use the teach-back method to confirm the patient can correctly demonstrate inhaler technique

C Deliver all teaching verbally to avoid overwhelming the patient with written materials

D Assume the patient understands the instructions if they nod affirmatively during the demonstration

ANSWER B

WHY The teach-back method is a widely endorsed health-literacy strategy in which the patient restates or demonstrates what they have been taught, allowing the nurse to confirm understanding and correct misconceptions. Dense written material (A), verbal-only teaching (C), and assuming comprehension based on nonverbal cues (D) are inconsistent with current patient-education and health-literacy standards.

QUESTION 5 SINGLE CHOICE

An ambulatory care clinic is reviewing quality indicators related to the prevention of central line-associated bloodstream infections (CLABSI) in patients receiving outpatient parenteral antimicrobial therapy (OPAT). Which nursing intervention most directly supports CLABSI prevention in this population?

A **Performing daily chlorhexidine gluconate bathing of the patient and changing dressings using sterile technique**

B Administering prophylactic oral antibiotics while the central line is in place

C Replacing the central venous catheter every 7 days regardless of clinical indication

D Obtaining routine blood cultures from the central line weekly

ANSWER **A**

WHY Evidence-based CLABSI prevention bundles include chlorhexidine bathing and strict aseptic technique during dressing changes. Prophylactic systemic antibiotics (B) are not recommended and contribute to resistance. Routine scheduled catheter replacement (C) is no longer recommended; catheters are changed based on clinical indication. Surveillance blood cultures (D) are not performed routinely and represent a contamination risk.

QUESTION 6 MULTIPLE CHOICE

An ambulatory care nurse is reviewing self-management goals with a patient who has type 2 diabetes mellitus. Which statements by the patient indicate an understanding of the principles of chronic illness self-management? (Choose two.)

A **I will check my blood glucose before meals and at bedtime and record the results in my log.**

B I will stop taking my metformin if my fasting glucose is below 100 mg/dL on one occasion.

C **I will inspect my feet daily for redness, blisters, or sores and report any changes to the clinic.**

D I will only follow my diabetic diet on weekdays and resume usual eating on weekends.

ANSWER **A · C**

WHY Self-monitoring of blood glucose (A) and daily foot inspection with reporting of abnormalities (C) are core self-management behaviors for patients with diabetes. Stopping metformin based on a single normal reading (B) is unsafe and reflects a misunderstanding of medication adherence. Adhering to dietary recommendations only on weekdays (D) reflects inconsistent self-management and is not consistent with chronic illness self-management principles.

QUESTION 7 SINGLE CHOICE

Four patients have called the ambulatory care nurse triage line simultaneously. Using principles of triage prioritization, which patient should the nurse call back first?

A A 28-year-old requesting a refill of a combined oral contraceptive

B **A 62-year-old reporting new-onset chest pressure that began 30 minutes ago while at rest**

C A 40-year-old requesting the results of a routine lipid panel drawn last week

D A 35-year-old with a scheduled allergy injection in 20 minutes

ANSWER **B**

WHY New-onset chest pressure at rest in a 62-year-old represents a possible acute coronary syndrome and is a true medical emergency requiring immediate triage and dispatch of emergency services. Contraceptive refills (A), routine laboratory results (C), and scheduled injections (D) are non-urgent and can be addressed after the emergent call.

QUESTION 8 TRUE FALSE

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, an ambulatory care nurse may disclose a patient's protected health information to another covered provider for treatment purposes without the patient's written authorization.

A **True**

B False

ANSWER **A**

WHY True. The HIPAA Privacy Rule permits disclosure of protected health information without patient authorization for treatment, payment, and healthcare operations (TPO). Sharing relevant clinical information with another covered provider for the purpose of treatment is therefore permitted.

QUESTION 9 SINGLE CHOICE

An ambulatory care nurse is participating in a population health initiative to improve colorectal cancer screening in a clinic population. Which evidence-based intervention is most effective for increasing screening completion rates?

A Mailing educational brochures about colorectal cancer to all patients over age 50

B Offering annual physical examinations only to patients who request them

C **Implementing a systematic outreach program using mailed fecal immunochemical test (FIT) kits with structured follow-up**

D Recommending that patients discuss screening with family members before scheduling

ANSWER **C**

WHY Systematic, organized outreach with mailed FIT kits and structured follow-up (a component of the evidence-based 'Systems-Prompt-Recall-Screen' approach) has consistently demonstrated the greatest improvement in colorectal cancer screening rates. Passive strategies such as brochures (A), patient-initiated visits (B), or family discussion (D) are less effective.