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PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

ANPAC

APRN Exit Acute Care Exam

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams **ANPAC**, 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, **ANPAC**
- 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 62-year-old patient presents with sudden onset chest pain, hypotension, and a pulsatile mass in the upper abdomen. A bedside ultrasound reveals an abdominal aortic aneurysm (AAA) measuring 7.2 cm. Which of the following is the most appropriate initial intervention?

- ☐ A Administer IV beta-blockers to reduce heart rate below 60 bpm and observe
- ☒ B Obtain a stat consult for vascular surgery and prepare for emergent repair
- ☐ C Order a contrast CT scan of the abdomen before any intervention
- ☐ D Start therapeutic anticoagulation with a heparin drip

ANSWER B

WHY An AAA greater than 7 cm, or any size AAA that is symptomatic, is at high risk for rupture and requires emergent vascular surgery evaluation for repair. IV beta-blockers, while part of medical management of asymptomatic AAAs in stable patients, are not the priority here. A contrast CT is appropriate for stable patients to characterize the aneurysm but should not delay surgical consultation in a symptomatic patient. Therapeutic anticoagulation is contraindicated due to the high rupture risk.

QUESTION 2

SINGLE CHOICE

A patient with a known seizure disorder is admitted with status epilepticus. The initial dose of IV lorazepam has been administered without terminating the seizure. According to current standards, what is the next pharmacological intervention?

- ☒ **A** Repeat IV lorazepam at the same dose
- ☐ **B** Administer IV phenytoin at 15-20 mg/kg
- ☐ **C** Administer IV valproic acid at 40 mg/kg
- ☐ **D** Administer oral levetiracetam at 1000 mg

ANSWER A

WHY The current management algorithm for status epilepticus supports repeating a benzodiazepine (such as lorazepam) when the initial dose fails to terminate the seizure. If seizures persist after a second benzodiazepine dose, a second-line agent such as IV levetiracetam, fosphenytoin, or valproic acid is administered. IV phenytoin is not first-line in this step. Oral medications are inappropriate in actively seizing patients.

QUESTION 3

SINGLE CHOICE

An adult-gerontology acute care NP is managing a patient with sepsis who has progressed to septic shock requiring multiple vasopressors. Which multidisciplinary team member is most essential to consult at this stage to address the underlying source and direct management?

- ☐ A Physical therapist for early mobilization protocols
- ☒ B Pharmacist for antibiotic stewardship recommendations
- ☐ C Registered dietitian for nutritional support
- ☐ D Social worker for discharge planning

ANSWER B

WHY A clinical pharmacist specializing in critical care is essential in septic shock management for antibiotic dosing, antimicrobial stewardship, and vasopressor medication management. While physical therapy, nutrition, and social work are important components of comprehensive care, addressing the infection source and pharmacologic optimization is the most urgent multidisciplinary need in a patient in septic shock.

QUESTION 4

SINGLE CHOICE

Which clinical finding is most consistent with tension pneumothorax in a mechanically ventilated patient?

- ☐ A Gradual onset of dyspnea with unilateral decreased breath sounds
- ☒ B Hypotension, tachycardia, and tracheal deviation away from the affected side
- ☐ C Bilateral wheezing with prolonged expiratory phase
- ☐ D Subcutaneous emphysema localized to the chest wall only, with stable vital signs

ANSWER B

WHY Tension pneumothorax presents with the classic triad of hypotension, tracheal deviation away from the affected side, and absent or decreased breath sounds on the affected side, often accompanied by tachycardia and respiratory distress. It is a clinical diagnosis requiring immediate needle decompression. Gradual onset and stable vitals do not fit tension pneumothorax; subcutaneous emphysema alone with stable vitals is not diagnostic.

QUESTION 5

SINGLE CHOICE

A patient on the third day post-operative from a Whipple procedure has new-onset atrial fibrillation with rapid ventricular response. Hemodynamic assessment reveals a heart rate of 144 bpm and blood pressure of 88/56 mmHg. What is the most appropriate acute pharmacological management?

- ☐ A IV metoprolol for rate control
- ☒ B Synchronized cardioversion
- ☐ C IV amiodarone for rhythm control
- ☐ D Adenosine 6 mg IV push

ANSWER B

WHY Synchronized cardioversion is indicated for hemodynamically unstable tachyarrhythmias, including atrial fibrillation with rapid ventricular response and signs of hypotension or hypoperfusion. IV beta-blockers and IV amiodarone are options for stable atrial fibrillation. Adenosine is used for supraventricular tachycardia, not atrial fibrillation.

QUESTION 6

SINGLE CHOICE

A 68-year-old male presents to the emergency department with new-onset right-sided weakness, slurred speech, and facial droop. Symptoms began 45 minutes prior to arrival. Which of the following is the most appropriate initial action?

- ☒ A Obtain a non-contrast CT head of the head to rule out hemorrhage
- ☐ B Administer tissue plasminogen activator (tPA) immediately
- ☐ C Obtain an MRI of the brain with contrast
- ☐ D Perform a lumbar puncture to rule out meningitis

ANSWER A

WHY A non-contrast CT head is the first imaging step in suspected acute ischemic stroke to rule out intracranial hemorrhage before considering thrombolytics. tPA cannot be administered before ruling out hemorrhage, and other criteria must also be met. MRI is more sensitive but takes longer and is not the first-line initial imaging in the emergency setting. Lumbar puncture is not indicated for stroke symptoms without suspicion of subarachnoid hemorrhage or infection.

QUESTION 7

SINGLE CHOICE

A patient post-cardiac arrest is comatose and being evaluated for targeted temperature management (TTM). Which target temperature range is consistent with current standards?

- ☐ A 26°C to 28°C for 12 hours
- ☒ B 32°C to 34°C for 24 hours
- ☐ C 36°C to 38°C for 48 hours
- ☐ D 40°C to 42°C for 24 hours

ANSWER B

WHY Current targeted temperature management standards recommend maintaining core body temperature at 32°C to 34°C for at least 24 hours in comatose patients post-cardiac arrest with return of spontaneous circulation. Hypothermia below 32°C increases risks, and temperatures above 36°C are no longer the intended target range for the active cooling component of TTM. Hyperthermia (40°C or greater) is harmful and avoided.

QUESTION 8

SINGLE CHOICE

A patient with a long-standing history of heart failure with reduced ejection fraction is admitted with acute decompensated heart failure. Which finding is most consistent with cardiogenic shock rather than decompensated heart failure without shock?

- ☐ A Peripheral edema to the mid-thigh and pulmonary crackles
- ☒ B Systolic blood pressure below 90 mmHg with cool, clammy extremities and altered mental status
- ☐ C Orthopnea with paroxysmal nocturnal dyspnea
- ☐ D Jugular venous distention and a positive hepatojugular reflux

ANSWER B

WHY Cardiogenic shock is characterized by hypotension (SBP below 90 mmHg), signs of hypoperfusion such as cool, clammy extremities, decreased urine output, and altered mental status. Peripheral edema, pulmonary crackles, orthopnea, and PND can occur in decompensated heart failure without shock. Cardiogenic shock represents a more severe end of the spectrum with primary cardiac pump failure.

QUESTION 9

MULTIPLE CHOICE

Which of the following are core components of the Surviving Sepsis Campaign bundle for the initial management of septic shock? (Choose two.)

- ☒ **A** Measure lactate; remeasure if initial value is greater than 2 mmol/L
- ☒ **B** Obtain cultures prior to administering broad-spectrum antibiotics within 45 minutes
- ☐ **C** Start vasopressors only after fluid resuscitation of at least 60 mL/kg crystalloid
- ☐ **D** Administer stress-dose hydrocortisone to all septic shock patients immediately

ANSWER A • B

WHY Lactate measurement (with remeasurement if elevated) and obtaining blood cultures before broad-spectrum antibiotics (without delaying antibiotics) are core elements of the Surviving Sepsis Campaign 1-hour bundle. Vasopressors are added when hypotension persists despite fluid resuscitation, not only after a specific total volume. Stress-dose hydrocortisone is not given to all patients; it is reserved for those with refractory shock despite vasopressor therapy.