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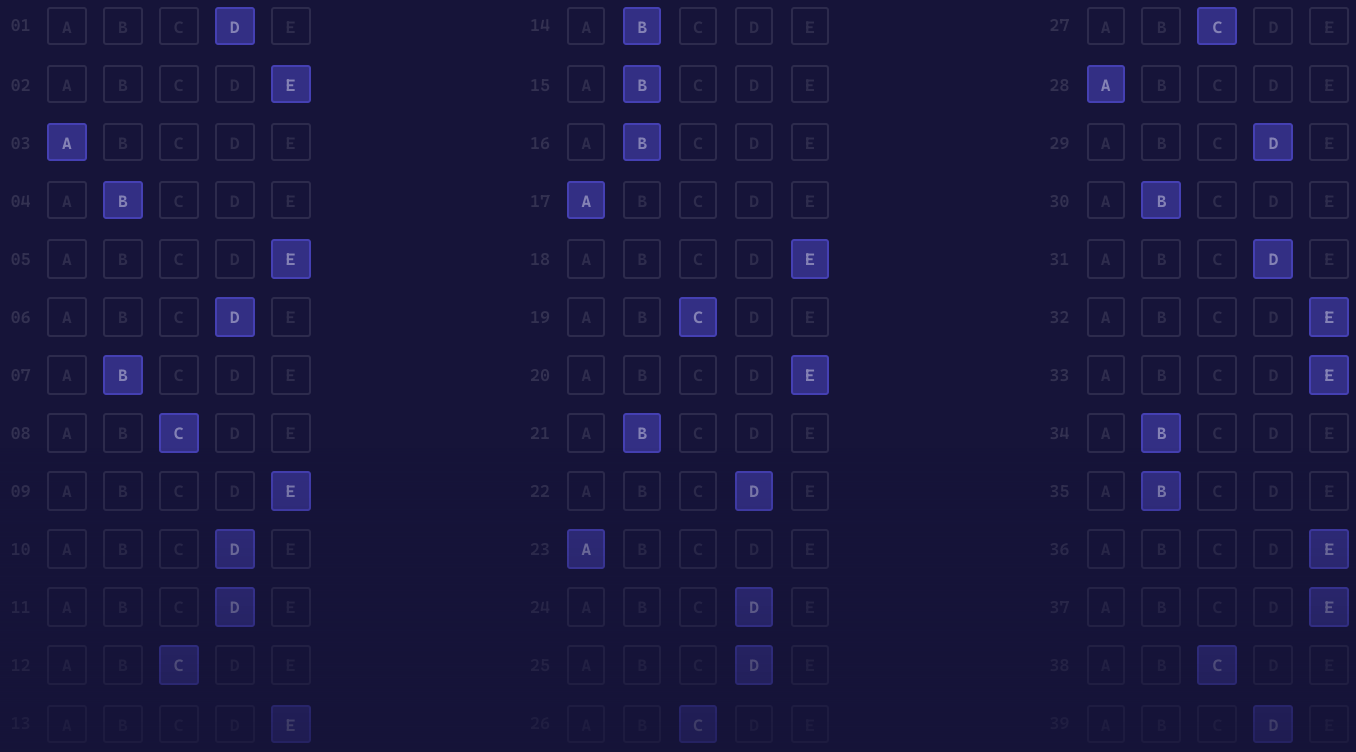

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

APANP

APN Adult Nurse Practitioner

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams `APANP`, 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, `APANP`
- the question number
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QUESTION 1 SINGLE CHOICE

A 52-year-old man with a 30-pack-year smoking history presents for a routine health maintenance visit. He has no acute complaints. Which of the following is the most appropriate initial screening recommendation for lung cancer in this patient according to current U.S. Preventive Services Task Force (USPSTF) guidelines?

A **Annual low-dose CT (LDCT) of the chest**

B Annual chest radiograph

C Annual sputum cytology

D No screening is recommended because of his age

ANSWER **A**

WHY The USPSTF recommends annual screening for lung cancer with low-dose CT in adults aged 50 to 80 years who have a 20-pack-year smoking history and currently smoke or have quit within the past 15 years. This patient meets both the age and pack-year criteria, so LDCT is the correct choice. Chest radiography and sputum cytology have not been shown to reduce lung cancer mortality in screening trials and are not recommended. Age alone is not the deciding factor when other criteria are met.

QUESTION 2 SINGLE CHOICE

A 68-year-old woman presents with sudden onset right-sided weakness and aphasia. Symptoms began 45 minutes prior to arrival. Her blood pressure is 178/96 mm Hg, heart rate 88 beats per minute, and she is in normal sinus rhythm. There are no contraindications to thrombolytic therapy. According to current AHA/ASA guidelines, the most appropriate immediate pharmacologic intervention is:

A Oral aspirin 325 mg

B Intravenous alteplase (tPA) within the 3- to 4.5-hour window

C Subcutaneous unfractionated heparin

D Intramuscular labetalol to lower blood pressure below 140/90 mm Hg before treatment

ANSWER B

WHY For acute ischemic stroke patients who present within 3 to 4.5 hours of symptom onset and have no contraindications, intravenous alteplase remains a Class I recommendation per AHA/ASA guidelines, provided blood pressure is below 185/110 mm Hg. Aspirin is given after thrombolysis is excluded or completed, not as the immediate reperfusion therapy. Heparin is not routinely indicated in acute ischemic stroke. Aggressive blood pressure reduction with IM labetalol is not standard; BP must simply be below 185/110 before tPA.

QUESTION 3 SINGLE CHOICE

A 34-year-old woman presents with episodic palpitations, tremor, weight loss despite increased appetite, and heat intolerance. Examination reveals a diffusely enlarged, nontender thyroid and mild exophthalmos. Laboratory testing shows a suppressed TSH and elevated free T4. Which of the following is the most likely diagnosis?

A Subacute (de Quervain) thyroiditis

B Graves disease

C Toxic multinodular goiter

D Pheochromocytoma

ANSWER B

WHY The combination of hyperthyroidism (suppressed TSH, elevated free T4), a diffusely enlarged nontender thyroid, and ophthalmopathy (exophthalmos) is classic for Graves disease, an autoimmune disorder caused by TSH-receptor stimulating antibodies. Subacute thyroiditis typically follows a viral illness and presents with a tender gland. Toxic multinodular goiter presents with a nodular rather than diffuse gland and is uncommon at this age. Pheochromocytoma causes episodic hypertension, headache, and diaphoresis, not the thyroid findings described.

QUESTION 4 SINGLE CHOICE

A 47-year-old man with a body mass index (BMI) of 31 kg/m^2, hypertension treated with lisinopril, and no history of diabetes has laboratory results showing a fasting plasma glucose of 118 mg/dL and an A1c of 6.2%. Which of the following best classifies his glycemic status?

A Normal glucose tolerance

B Impaired fasting glucose (prediabetes)

C Type 2 diabetes mellitus

D Type 1 diabetes mellitus

ANSWER B

WHY Per American Diabetes Association criteria, impaired fasting glucose is defined as a fasting plasma glucose of 100 to 125 mg/dL (and A1c 5.7–6.4%), while diabetes requires fasting glucose ≥126 mg/dL or A1c ≥6.5% confirmed on repeat testing. This patient's fasting glucose of 118 mg/dL and A1c of 6.2% fall in the prediabetes range. He has no clinical features suggesting type 1 diabetes.

QUESTION 5 SINGLE CHOICE

A 61-year-old man with stable heart failure with reduced ejection fraction (HFrEF, LVEF 30%), NYHA Class II, on an ACE inhibitor and beta blocker, now has a potassium level of 5.0 mEq/L and eGFR 55 mL/min/1.73 m^2. Which additional medication has been shown to reduce cardiovascular mortality in this population and is appropriate to add at this visit?

A Amlodipine

B Spironolactone

C Digoxin

D Hydrochlorothiazide

ANSWER B

WHY Mineralocorticoid receptor antagonists such as spironolactone are guideline-directed medical therapy for HFrEF (LVEF ≤35%) in NYHA Class II–IV patients already on an ACE inhibitor and beta blocker, based on mortality benefit demonstrated in the RALES and EMPHASIS-HF trials. With a potassium of 5.0 mEq/L and eGFR 55, the patient is not yet at a contraindicated level, though monitoring is required. Amlodipine and hydrochlorothiazide do not reduce mortality in HFrEF. Digoxin reduces hospitalizations but has not been shown to reduce mortality.

QUESTION 6 SINGLE CHOICE

A 72-year-old man presents with dyspnea on exertion, orthopnea, and bilateral lower extremity edema. Examination shows jugular venous distention, an S3 gallop, and crackles at both lung bases. Echocardiogram reveals an LVEF of 28%. Which of the following best describes this patient's diagnosis and classification?

A Heart failure with preserved ejection fraction (HFpEF), NYHA Class III

B Heart failure with reduced ejection fraction (HFrEF), NYHA Class III

C Heart failure with mid-range ejection fraction (HFmrEF), NYHA Class II

D Acute decompensated heart failure, NYHA Class IV

ANSWER B

WHY HFrEF is defined by an LVEF ≤40%. Symptoms occurring with less than ordinary activity (dyspnea on exertion) but not at rest correspond to NYHA Class III. The patient has chronic symptoms rather than acute decompensation at rest, so Class IV is not appropriate.

QUESTION 7 SINGLE CHOICE

A 28-year-old woman presents with a 6-week history of fatigue, low-grade fever, and a nonpruritic rash on the malar eminences sparing the nasolabial folds. She also reports intermittent joint pain in her wrists and knees. Which of the following is the most appropriate initial diagnostic test to confirm the suspected diagnosis?

A Skin biopsy of the rash

B Anti-double-stranded DNA antibody testing

C Antinuclear antibody (ANA) testing

D Rheumatoid factor testing

ANSWER C

WHY The clinical picture suggests systemic lupus erythematosus (SLE). ANA testing is the recommended initial screening test because of its high sensitivity (>95%) for SLE. A positive ANA is then followed by more specific confirmatory tests such as anti-dsDNA and anti-Smith antibodies. Skin biopsy is not first line. Rheumatoid factor is associated with rheumatoid arthritis, not SLE.

QUESTION 8 SINGLE CHOICE

A 58-year-old woman with no significant past medical history and no known drug allergies is being seen for a routine visit. She received a Tdap booster 7 years ago and an influenza vaccine this season. She has never received any pneumococcal vaccine. According to current ACIP guidance for adults with no risk conditions, which pneumococcal vaccination schedule is appropriate?

A **A single dose of PCV20 (20-valent conjugate vaccine)**

B PCV15 followed by PPSV23 one year later

C PPSV23 alone

D PCV13 followed by PPSV23 in 8 weeks

ANSWER **A**

WHY Current ACIP guidance for adults aged 19–64 with no risk conditions is to administer a single dose of either PCV20 alone or PCV15 followed by PPSV23 at least one year later. PCV13 is no longer routinely recommended for healthy adults. PCV15 followed by PPSV23 is also acceptable; among the options listed, PCV20 alone is the simplest appropriate regimen.

QUESTION 9 MULTIPLE CHOICE

A 45-year-old man presents with progressive fatigue, polyuria, polydipsia, and a 10-pound unintentional weight loss over 3 months. His father had type 2 diabetes diagnosed at age 50. Initial labs show a fasting plasma glucose of 162 mg/dL and an A1c of 8.1%. Which of the following are appropriate components of the initial management plan at this visit? (Choose two.)

A **Order a urine albumin-to-creatinine ratio to screen for diabetic nephropathy**

B **Initiate metformin along with comprehensive diabetes self-management education**

C Schedule an immediate ophthalmology referral for retinal examination

D Initiate basal insulin as first-line therapy in this newly diagnosed patient

ANSWER **A** · **B**

WHY At the time of type 2 diabetes diagnosis, a urine albumin-to-creatinine ratio should be obtained to screen for diabetic kidney disease, and metformin is the preferred first-line pharmacologic agent along with diabetes self-management education and support (DSMES). A comprehensive dilated retinal exam is recommended at diagnosis, but only if there are visual symptoms or the patient has type 1 diabetes; for type 2 diabetes, a dilated eye exam is recommended at diagnosis and repeated at intervals, so referral may be appropriate, but it is not the priority over metabolic management here. Basal insulin is not first-line for typical type 2 diabetes without severe hyperglycemia or symptoms of catabolism.