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| 39 | A | B | C | D | E |

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

# APFNP

APN Family Nurse Practitioner

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

# Before you begin

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## What this is

9 practice questions for Elsevier Remotely Proctored Exams **APFNP**, 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, **APFNP**
- 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 32-year-old woman presents for a well-woman examination. She has no significant past medical history, no family history of breast or ovarian cancer, and reports a single sexual partner. According to U.S. Preventive Services Task Force (USPSTF) recommendations, which screening should be offered at this visit?

- ☐ A Mammography annually
- ☒ B Cervical cancer screening with cytology alone every 3 years
- ☐ C Bone density scan (DEXA)
- ☐ D Low-dose CT for lung cancer screening

**ANSWER B**

**WHY** For women aged 21–29, the USPSTF recommends cervical cancer screening with cytology alone every 3 years. For women aged 30–65, cytology every 3 years, hrHPV testing every 5 years, or co-testing every 5 years are recommended. This patient is 32, so all three options are valid; the answer is written as cytology alone every 3 years. Mammography is recommended starting at age 40 (with individualized decision-making from 40–49) per current USPSTF guidance, not at 32 without family history. DEXA screening is not recommended until age 65 (or earlier with risk factors). Low-dose CT for lung cancer screening requires age 50–80 with a significant smoking history and current smoking or cessation within the past 15 years.

**QUESTION 2**

SINGLE CHOICE

A 58-year-old man with type 2 diabetes mellitus, hypertension, and stage 3 chronic kidney disease (eGFR 38 mL/min/1.73 m<sup>2</sup>) has a blood pressure of 152/96 mm Hg on no antihypertensive therapy. Which first-line agent is most appropriate to initiate for renoprotection and blood pressure control?

- ☐ A Hydrochlorothiazide
- ☐ B Amlodipine
- ☒ C Lisinopril
- ☐ D Metoprolol succinate

**ANSWER C**

**WHY** In patients with diabetes and chronic kidney disease, an ACE inhibitor (such as lisinopril) is the first-line antihypertensive for renoprotection, reduction of albuminuria, and slowing progression of CKD, particularly when albuminuria is present. Lisinopril is renally cleared and dose adjustment is needed in CKD, but it remains preferred. Thiazide diuretics lose efficacy when eGFR is <30 mL/min/1.73 m<sup>2</sup> (and are relatively less effective at eGFR in the 30s). Amlodipine does not provide renoprotection. Beta-blockers are not first-line unless there is a specific indication such as heart failure with reduced ejection fraction or post-MI status.

**QUESTION 3**

SINGLE CHOICE

A 45-year-old woman presents with fatigue, weight gain, constipation, cold intolerance, and dry skin. Her thyroid-stimulating hormone (TSH) is elevated and free T4 is low. Which of the following is the most appropriate initial management?

- ☐ A Order a radioactive iodine uptake scan before treatment
- ☒ B Initiate levothyroxine and recheck TSH in 6–8 weeks
- ☐ C Initiate liothyronine (T3) monotherapy
- ☐ D Begin methimazole and refer to endocrinology

**ANSWER B**

**WHY** The clinical picture and laboratory findings are consistent with primary hypothyroidism. The standard initial treatment in adults is once-daily oral levothyroxine, with TSH rechecked approximately 6–8 weeks after initiation or any dose change to titrate to goal. A radioactive iodine uptake scan is not used to diagnose hypothyroidism; it is useful in evaluating hyperthyroidism. Liothyronine (T3) monotherapy is not routinely recommended. Methimazole is an antithyroid medication used for hyperthyroidism (e.g., Graves disease), not hypothyroidism.

**QUESTION 4**

SINGLE CHOICE

A 28-year-old woman with no significant medical history presents with persistent low mood, anhedonia, poor sleep, decreased appetite, and difficulty concentrating for the past 2 months following a job loss. She denies suicidal ideation. She prefers non-pharmacologic treatment. Which initial management is most appropriate?

- ☐ A Initiate sertraline and CBT
- ☐ B Initiate bupropion monotherapy
- ☒ C Refer for cognitive behavioral therapy (CBT) and follow up in 2–4 weeks
- ☐ D Order an MRI of the brain and refer to neurology

**ANSWER C**

**WHY** This patient meets criteria for major depressive disorder ( $\geq 5$  symptoms for  $\geq 2$  weeks). For mild-to-moderate depression, psychotherapy (such as CBT or interpersonal therapy) alone is an appropriate first-line option, especially when the patient prefers non-pharmacologic therapy. Initiation of an SSRI such as sertraline is reasonable but does not match her stated preference for non-pharmacologic management. Bupropion is not first-line for uncomplicated MDD and has seizure-risk considerations. Brain imaging is not indicated without focal neurologic findings.

**QUESTION 5**

SINGLE CHOICE

A 26-year-old G1P0 at 28 weeks gestation presents with a blood pressure of 150/96 mm Hg on two occasions 4 hours apart, proteinuria of 1+ on dipstick, and mild peripheral edema. She reports no headaches, visual changes, or right upper quadrant pain. Which is the most appropriate diagnosis?

- ☐ A Chronic hypertension
- ☐ B Gestational hypertension
- ☒ C Preeclampsia
- ☐ D Preeclampsia with severe features

**ANSWER C**

**WHY** Gestational hypertension is new-onset hypertension after 20 weeks gestation WITHOUT proteinuria or other systemic findings. Preeclampsia is new-onset hypertension after 20 weeks gestation WITH proteinuria (or other end-organ involvement such as thrombocytopenia, renal insufficiency, elevated transaminases, or pulmonary edema). Preeclampsia with severe features requires systolic BP  $\geq 160$  or diastolic BP  $\geq 110$ , platelets  $< 100,000$ , elevated liver enzymes, renal insufficiency, pulmonary edema, or new neurologic symptoms. This patient has hypertension and proteinuria without severe-range BP or end-organ dysfunction, meeting criteria for preeclampsia (without severe features).

**QUESTION 6**

SINGLE CHOICE

A 62-year-old man with a 30 pack-year smoking history quit smoking 8 years ago. He has no chronic diseases and takes no medications. According to USPSTF recommendations, which preventive service should be discussed?

- ☐ A Annual low-dose CT for lung cancer screening
- ☒ B Low-dose CT for lung cancer screening until 15 years after cessation
- ☐ C Spirometry screening for COPD in asymptomatic adults
- ☐ D Chest radiograph annually for lung cancer screening

**ANSWER B**

**WHY** USPSTF recommends annual low-dose CT (LDCT) screening for lung cancer in adults aged 50–80 years who have a  $\geq 20$  pack-year smoking history and currently smoke or have quit within the past 15 years. This patient is 62, has 30 pack-years, and quit 8 years ago, qualifying for screening. Screening should continue until 15 years after cessation. USPSTF recommends against screening for COPD with spirometry in asymptomatic adults. Chest radiograph is not recommended for lung cancer screening.

**QUESTION 7**

SINGLE CHOICE

A 4-month-old infant presents for a routine well-child visit. The mother reports exclusive breastfeeding. Which of the following is the most important counseling point regarding vitamin supplementation?

- ☒ A Begin vitamin D 400 IU daily
- ☐ B Begin iron supplementation 1 mg/kg/day
- ☐ C Begin fluoride 0.25 mg daily
- ☐ D No supplementation is needed until solids are introduced at 6 months

**ANSWER A**

**WHY** The American Academy of Pediatrics (AAP) recommends that all infants who are exclusively or partially breastfed receive 400 IU/day of vitamin D beginning in the first few days of life and continuing until they are weaned to  $\geq 1$  L/day of vitamin D-fortified formula or whole milk (after 12 months). Iron supplementation of 1 mg/kg/day is recommended for preterm infants beginning at 4–6 months, not for all term breastfed infants at 4 months (iron-fortified foods typically begin around 6 months). Fluoride supplementation is not recommended before 6 months of age.

**QUESTION 8**

SINGLE CHOICE

A 7-year-old previously healthy boy presents with a sore throat, fever of 38.8°C, anterior cervical lymphadenopathy, and tonsillar exudates. Which finding best supports the use of the Centor criteria to guide further management?

- ☒ **A** Absence of cough
- ☐ **B** Age greater than 45 years
- ☐ **C** History of recent travel
- ☐ **D** Presence of a rash

**ANSWER A**

**WHY** The Centor criteria (modified Centor/McIsaac) include: (1) tonsillar exudates, (2) tender anterior cervical lymphadenopathy, (3) fever by history ( $>38^{\circ}\text{C}$ ), and (4) absence of cough. Each criterion contributes 1 point, and age modification adds a point for age 3–14 and subtracts a point for age  $\geq 45$ . Rapid antigen detection testing (RADT) and/or empiric antibiotics are generally recommended at higher point totals. This patient already meets 3 of the 4 Centor criteria; absence of cough is the remaining Centor criterion and supports using the score to guide testing/treatment.

**QUESTION 9**

MULTIPLE CHOICE

A 55-year-old man presents with sudden severe epigastric pain radiating to the back, nausea, and vomiting. His vital signs show BP 102/68 mm Hg, HR 118, RR 22. Which of the following findings would support the diagnosis of acute pancreatitis? (Choose two.)

- ☒ **A** Serum lipase elevated more than 3 times the upper limit of normal
- ☒ **B** CT abdomen showing peripancreatic fat stranding and edema
- ☐ **C** Serum amylase within normal limits drawn 8 hours after symptom onset
- ☐ **D** Right upper quadrant ultrasound showing multiple gallstones

**ANSWER A - B**

**WHY** Acute pancreatitis diagnosis requires 2 of 3: (1) characteristic abdominal pain, (2) serum lipase or amylase elevated  $>3$  times the upper limit of normal, and (3) imaging findings consistent with acute pancreatitis (e.g., contrast-enhanced CT showing peripancreatic inflammation, edema, or necrosis). Elevated lipase  $>3\times$  ULN (option A) and supportive CT findings (option B) both support the diagnosis. Amylase may normalize quickly and be unreliable; however, it would not be expected to be at normal levels 8 hours after onset when lipase remains the more specific marker. Gallstones may be the etiology but do not confirm pancreatitis.