

APEA PREDICTOR NP EXAM TEST BANK QUESTIONS AND ANSWERS WITH RATIONALES 2024-2025

The NP with a traditional nursing care role is a primary health care provider. Increasing numbers of nurse practitioners are assuming indirect roles such as educator, administrator, researcher, and consultant.

An 8-mo male presents with hemarthrosis of both knees and hematuria. The parents give no history of trauma, but say " he has always bruised easily" The most likely diagnosis is: - A type of hemophilia.

Hemophilia is usually diagnosed within the first year of life. It commonly presents with hemarthrosis, bleeding into soft tissue, hematuria, and prolonged bleeding times.

The nurse practitioner is following a child with juvenile rheumatoid arthritis (JRA) who has been previously diagnosed and is being managed for the disease by a pediatric rheumatologist. The mother asks for information about the child's long-term prognosis. The appropriate reply is that: - most children with JRA achieve complete remission by adulthood, but its effects might cause lifelong limitations.

Although the active disease does not continue into adulthood, the contractures, growth retardation, bone deformities, and visual impairment associated with JRA may lead to lifelong functional impairments. A comprehensive treatment program involving physical therapy, occupational therapy, nutrition, education, and regular ophthalmologic care can limit residual functional limitations.

Cranial Nerve VIII - Acoustic (Hearing and balance)

Cranial nerve IX - Glossopharyngeal- swallowing and rise of the palate, gag reflex

Cranial Nerve XI - Spinal Accessory (upper trapezius)

Deep tendon reflex - Ankle- S1 primarily

Knee- Lumbar 2,3,4

Supinator(brachioradialis)-C5,6

BicepTriceps-C6,7

Stroke risk scale - CHADS2

C-Congestive heart failure

H-Hypertension

A-Age >75 years

D- Diabetes

S-prior Stroke/TIA

In the majority of children, the first permanent teeth start to erupt at the age of 6 years. Which of the following are the first permanent teeth to erupt in this time period?

- A. First Molars
- B. Second Molars
- C. Lower or upper incisors
- D. Canines - A. First Molars

All of the following are classified as activities of daily living (ADLs) except:

- A. ability to feed self
- B. Ability to manage bladder and bowel elimination
- C. Personal hygiene and grooming
- D. Grocery Shopping - D. Grocery shopping

You note the following result on a routine urinalysis of a 37-year old primigravida who is at 30 weeks gestation. Leukocyte=trace, nitrite=negative, protein=2+, blood=negative. Her weight has increased by 5 lbs during the past week. Which of the following is most likely?

- A.HELLP syndrome
- B. Pregnancy-induced hypertension (pre-eclampsia)
- C. Eclampsia of pregnancy
- D. Primary hypertension - B. Pregnancy-induced hypertension (pre-eclampsia). Classic triad of symptoms of preeclampsia include hypertension, edema (weight gain), and proteinuria.

The mother of a 12 month old infant reports to the nurse practitioner that her child had a high fever for several days, which spontaneously resolved. After the fever resolved, the child developed a maculopapular rash. Which of the following is the most likely diagnosis?

- A. Fifth Disease (erythema infectiosum)
- B. Roseola infantum (exanthema subitum)
- C. Varicella
- D. Infantile maculopapular rashes - B. Roseola Infantum (Exanthema subitum)

A 70-year old male patient complains of a bright red-colored spot in his left eye for 2 days. He denies eye pain, visual changes, or headaches. He has a new onset of cough from a recent viral upper respiratory infection. The only medicine he is on Bayer aspirin, 1 tablet a day. Which of the following is most likely?

- A. Corneal abrasion
- B. Acute bacterial conjunctivitis
- C. Acute uveitis
- D. Subconjunctival hemorrhage - D. Subconjunctival hemorrhage. Bright red blood in a sharply defined area surrounded by normal-appearing conjunctiva indicates subconjunctival hemorrhage.

A woman is being evaluated by the nurse practitioner for complaints of dyspareunia. A microscopy slide reveals a large number of atrophic squamous epithelial cells. The vaginal pH is 4.0. There are very few leukocytes and no RBCs are seen on the wet smear. Which of the following is most likely?

- A. Atrophic vaginitis
- B. Bacterial Vaginosis
- C. Trichomoniasis
- D. This is a normal finding. - A. Atrophic vaginitis. Symptoms of atrophic vaginitis include painful intercourse, atrophic squamous epithelial cells, and a decrease in pH. Vaginal atrophy is caused by lack of or imbalance of estrogen. Normal pH of the vagina is 4.0-5.0 (acidic)

The most common type of skin malignancy is:

- A. Squamous cell cancer
- B. Basal skin cancer
- C. Melanoma
- D. Dysplastic nevi - B. Basal skin cancer. It is several times more common than squamous cell skin cancer according to the NIH.

Koplik's spots are associated with:

- A. Poxvirus infections
- B. Measles
- C. Kawasaki's disease
- D. Reye's syndrome - B. Measles. S/S include fever over 101, coryza, cough, conjunctivitis, rash, and koplik's spots on buccal mucosa

At what level of prevention would you classify for lung cancer?

- A. Primary prevention
- B. Secondary prevention
- C. Tertiary prevention
- D. Primordial prevention - D. primordial prevention. Screening for lung cancer is not currently recommended in the general population, but it is secondary prevention.

A test called the visual fields by confrontation is used to evaluate for:

- A. Peripheral vision
- B. Central vision
- C. Visual acuity
- D. Accommodation - A. Peripheral vision

What is the most common cause of Cushing's syndrome? - Administration of a glucocorticoid or ACTH.

Iatrogenic Cushing's syndrome is the most common type. Exogenous glucocorticoid administration produces a Cushing's Syndrome that is reversible by discontinuation of the medication.

A patient with no significant medical history has varicose veins. She complains of "aching legs". The intervention that will provide the greatest relief for her complaint is to:
- Elevate her legs periodically.

The intervention that will provide the greatest relief for this patient is elevating her legs periodically. This will facilitate venous return. Use of support stockings will prolong the length of time she is able to stand in place, but will not provide relief after her legs begin aching. Support stockings should be applied prior to getting out of bed.

A 25-yo female patient presents for a routine well-women exam. On physical exam, the NP notes a scant nipple discharge, absence of palpable mass, and absence of lymph node enlargement. What is the most likely diagnosis? - Intraductal papilloma.

Intraductal papilloma often presents as a non-tender mass with serous or bloody nipple discharge located in the ductal system near the areola. Breast cancer, although usually non-tender, may present with pain. Chest wall syndrome may present in some women as breast pain. Fibrocystic breast disease often presents with bilateral breast pain.

According to the ANA, the role of the NP who provides primary health care is the: -
Direct nursing care role.

Approximately 70% of the organisms found in canine oral and nasal fluids, and consequently in fresh dog bite wounds, are: - Staphylococcus and Pasteurella multocida.

All of these organisms are found in canine oral and nasal fluids, and cultured from fresh dog bite wounds, but the most common (70%) are Staph and Pasteurella multocida.

Education of women with fibrocystic breast disease should include which of the following statements? - Caffeine may trigger breast pain.

Avoidance of all methylxanthines (eg coffee, tea, chocolate) has been shown to reduce breast pain in women with fibrocystic breast disease. It is usually a benign condition, not a precursor of malignancy. Mammography is recommended once at age 35 years, at least every 1-2 years after age 40, and then annually beginning at age 50 years. Oral contraceptives may help reduce cyclical pain and swelling.

Congenital heart disorders present with symptoms at: - birth, infancy, or in childhood. A common misconception is that congenital disorders always present symptomatically at birth. They can present at various times throughout childhood and are classified as cyanotic or acyanotic. Cardiac disorders in infants and children may be acquired from rheumatic fever or Kawasaki syndrome.

A 21-yo patient presents with abdominal guarding, rigid abdominal musculature, rebound tenderness at McBurney's point, and leukocytosis. What is the most likely diagnosis? - Appendicitis.

McBurney's point is the RLQ abdominal landmark for the appendix. Rigid abdominal musculature, rebound tenderness, and positive psoas sign (inflamed psoas muscle), indicates inflammation of the peritoneum. Cholecystitis presents with RUQ pain and positive Murphy's inspiratory arrest. Ulcerative colitis presents with LLQ pain. Pain associated with pancreatitis is typically in the epigastric region.

Atenolol (Tenormin) should be avoided in: - a 43-yo female with asthma. Atenolol is a beta blocker. It should be avoided in patients with asthma or other bronchospastic conditions. These patients often require beta stimulation, not beta blockade. Although atenolol is a beta 1-selective agent, at higher doses beta 2 receptors (bronchial and vascular) are blocked. Beta blockers, specifically atenolol, are beneficial post-myocardial infarction because they have demonstrated a reduction in morbidity and mortality.

All of the following interventions with pediatric patients are appropriate EXCEPT: - Premedicate the patient prior to all painful interventions.

Pre-medication is not warranted prior to all painful interventions. For example, premedication is not warranted prior to routine immunizations but it certainly is prior to suturing. Pain management should be an integral part of patient management.

Infants with celiac disease (gluten enteropathy) are at risk for multiple complications.

The most urgent complication of this disease is: - Intussusception or volvulus.

Intussusception and volvulus are surgical emergencies. Delay releasing the invaginated or "telescoped" bowel (intussusception), or releasing the twisted bowel (volvulus) may result in tissue death and gangrene, perforation, peritonitis, and/or sepsis, and fatality. There is also a high rate of intussusception and volvulus among infants with cystic fibrosis.

Which activities are NOT characteristic of preschool children? - Always follow rules during playground games.

Since preschoolers are just beginning to learn moral behaviors, they often cheat to win. While most preschoolers toilet independently, accidents occasionally occur and bedwetting is not unusual. The use of a security item such as a blanket is common.

A 38-yo pregnant patient at 18 weeks gestation, complains of feeling light-headed when standing. Which of the following is an appropriate response by the NP? - Blood pressure normally decreases during pregnancy and can cause this symptom.

Blood pressure normally decreases during pregnancy, reaching the lowest point during the second or third trimesters and rising there after. Patient education to rise slowly from sitting or lying is important. Low blood glucose may be the etiology, but an oral glucose tolerance test at this point is not indicated. A fasting blood glucose could be ordered, however, an electrocardiogram is not indicated.

An 80 year old Caucasian female has heart failure. What symptom is an early indicator of failure? - Weight gain.

Early signs of heart failure include weight gain (the most sensitive indicator), S3 gallop, dyspnea on exertion, peripheral edema. Moderate signs include nocturnal cough, tachycardia. Late signs include ascities, frothy sputum, and hypotension.

A 6 yo had an acute onset of fever, pharyngitis, and headache 2 days ago. Today, he presents with cervical lymphadenopathy and sandpaper textured rash everywhere except on his face. A rapid streptococcal antigen test is positive. The remainder of the assessment is unremarkable. What is the most likely diagnosis and the most appropriate action? - Scarlet fever; treat with antibiotics.

This disease is due to infection with Group A Beta-hemolytic streptococcus. The rash is thought to be due to a systemic reaction to the toxin produced by the microorganism. The rash fades with pressure and ultimately desquamates. A deep, nonblanching rash on the flexor surfaces of the skin is referred to as pastia lines.

A patient has been diagnosed with hypothyroidism and thyroid hormone replacement therapy is prescribed. When should the nurse practitioner check the patient's TSH? - 6 weeks.

The half-life of levothyroxine, the treatment of choice for thyroid replacement, is 7 days. The earliest that meaningful changes will be observed is at 4-6 weeks. Therefore, the NP should wait a minimum of 4-6 weeks before checking the patient's TSH.

A 15 yo male has a history of cryptorchidism which was surgically repaired. Because of this information, it is essential for the nurse practitioner to teach him about: - testicular self-examination.

Cryptorchidism, even with surgical repair, is associated with increased risk for testicular cancer.

The treatment of choice for chronic bacterial prostatitis (CBP) is: - a fluoroquinolone twice daily for 3 weeks to 4 months.

The treatment of choice is a fluoroquinolone twice daily for 3 weeks to 4 months. The cure rate with Bactrim-DS is only about 30-40%.

A 25 yo female has a history of frequent candidal vaginal infections in the past year. She is in a monogamous sexual relationship and uses an IUD for contraception. Of the

following, which is the most likely underlying condition predisposing her to recurring candidal vaginitis? - Diabetes.

A common underlying cause of frequent infections is diabetes mellitus. Pregnancy increases the incidence of candidiasis, but is unlikely a factor with this patient.

Which of the following is NOT a characteristic of the S3 heart sound? - The sound is high-pitched and occurs just prior to the S1 heart sound.

The S3 heart sound is low-pitched and occurs just after the S2 heart sound. It is produced by rapid ventricular filling and is best auscultated in the mitral area. It is a common finding with right-sided heart failure, rapid growth, and the last trimester of pregnancy.

Following the finding of prostate gland abnormalities on DRE, the NP orders the appropriate labs. When preparing to review lab reports with the patient, the nurse practitioner knows all of the following are true EXCEPT: - normal PSA is 10ng/ml or less.

Normal PSA is 4ng/ml or less. PSA levels greater than 4 and less than 10 are associated with BPH. A 10 or greater PSA level suggests prostate cancer. Positive serum acid phosphatase is associated with malignancy of the prostate gland with bone metastasis.

A 66 yo female presents to your clinic. She states that yesterday evening she had chest pain for 20-30 minutes. Which finding most strongly correlates with myocardial infarction? - Elevated Troponin I levels

An elevated creatinine kinase (CK) is not diagnostic of a myocardial infarction (MI). CK may be elevated from an IM injection, surgery, or any type of extensive skeletal muscle trauma or prolonged, strenuous physical exertion. ST segment depression on EKG usually indicates an ischemic myocardium, but, not necessarily, one post-MI. Elevated ST segments reflect myocardial damage. MB bands are specific for myocardial smooth muscle. If these are elevated, the patient MAY HAVE had a very recent MI. The most accurate marker of cardiac damage, because it is more specific and sensitive than CK MB, is a troponin measurement.

What is a secondary cause of hyperlipidemia? - hypothyroidism

Hypothyroidism is a common secondary cause of hyperlipidemia. In the evaluation of a patient with hyperlipidemia, a TSH should always be checked and corrected before attempting treatment for hyperlipidemia. Other possible causes of secondary hyperlipidemia include pregnancy, excessive weight gain, excessive alcohol intake, insulin resistance or deficiency, obstructive liver disease, and uremia. Some medications can produce secondary hypothyroidism too: thiazide diuretics, some betablockers, oral contraceptives, and corticosteroids.

A 35-yo male presents with a complaint of low pelvic pain, dysuria, hesitancy, urgency, and reduced force of stream. The nurse practitioner suspects acute bacterial prostatitis. The NP would appropriately collect all of the following specimens EXCEPT a: sterile in-and-out catheter urine specimen. - A sterile in-and-out catheter specimen would identify only organisms in the bladder and would not differentiate between bladder, kidney, or prostate site infection. The sequence for obtaining specimens when prostatitis is suspected is: 1. voided urethral urine, 2. Voided mid-stream bladder urine, and 3. voided post-prostate massage urine.

A 24 yo female taking an oral contraceptive has missed her last 2 pills. What should the nurse practitioner advise her to do to minimize her risk of pregnancy? - Double today's dose and tomorrow's dose and use a barrier method for the rest of the month. If 2 pills are missed on consecutive days, the next 2 days' doseages should be doubled and a barrier method recommended for the remainder of the cycle.

A 50yo, non-smoker, with no co-morbidity presents to the clinica and is diagnosed with pneumonia. His vital signs are normal except for temperature of 101.6 degrees. A sputum specimen is collected and sent for culture and sensitivity. What action should the nurse practitioner take today? - Start Clarithromycin (Biaxin) 500mg 2 times a day for 10 to 14 days.

Most treatment guidelines for outpatient pneumonia in non-smokers without co-morbidity and 60 years of age or younger, recommend erythromycin or another macrolide like Biaxin. Penicillin is indicated for patient with pneumococcal pneumonia and ciprofloxacin is recommended for Legionella species.

A 38 year old patient is being treated by the NP for heavy vaginal bleeding secondary to multiple uterine leiomyomas. Her uterus is greater than 12 weeks gestational size, her hematocrit is 28%, and she has not responded to hormonal therapy. Which of the following would be the most appropriate intervention at this time? - Obtain a gynecological consultation

Gynecological consultation is recommended for a patient with a uterus greater than 12 weeks gestational size, significant anemia (hct <30), or a normal endometrial biopsy with failure to respond to hormonal therapy.

What maternal situation is considered an absolute contraindication to breastfeeding? - Early HIV detection

There are few absolute contraindications to breastfeeding. HIV infection and IV drug abuse are 2 contraindications.

A 21 yo college student presents to the student health center with copious, markedly purulent discharge from her left eye. The nurse practitioner should suspect: - gonococcal conjunctivitis.