



# FNP-BC Nurse Prac Exam Prep

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## Practice Questions

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**1. A 50-year-old female patient presented to her primary care office with progressive hoarseness and difficulty swallowing over the past few months. She also reported a sensation of a lump in her throat and unintended weight loss. During the physical exam, the Nurse Practitioner (NP) noted the presence of hard lymphadenopathy in the cervical nodes and a firm mass on palpation of the thyroid gland. Based on these findings, which of the following steps is the best choice for the NP to make regarding the treatment and management of this patient?**

- A. Prescribe voice rest and advise the patient to avoid irritants.
- B. Initiate a course of antibiotics to treat potential infection.
- C. Order a barium swallow study to evaluate swallowing difficulties.
- D. Refer to an oncologist for biopsy and further evaluation.

**2. Which population benefits the most from the application of a sling for management of a humeral shaft fracture?**

- A. Younger patients
- B. Older athletes
- C. Older patients
- D. Younger athletes

**3. A 65-year-old Hispanic male was diagnosed with Parkinson's disease and is being started on levodopa/carbidopa therapy. The patient wants to know for how long they will need to take this medication?**

- A. Three to six months
- B. Six to twelve months
- C. Two to three years
- D. Indefinitely

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**4. A 55-year-old male patient presents for a follow-up visit after undergoing a prostatectomy for prostate cancer two years ago. He asks if he needs a PSA test today. His previous PSA levels were undetectable post-surgery. During the exam, you note he is otherwise healthy with no new symptoms. You explain to him that:**

- A. PSA testing is only recommended if new symptoms develop
- B. No further PSA testing is needed because his previous levels were undetectable
- C. PSA testing should be performed every month
- D. Regular PSA testing is recommended following a prostatectomy for prostate cancer, as it helps monitor for potential recurrence

**5. A 35-year-old female construction worker visited the clinic two weeks ago with complaints of pain and swelling over the posterior aspect of the right elbow, limiting her ability to extend her elbow. After a thorough examination and aspiration of elbow fluid, a diagnosis of aseptic olecranon bursitis was made. She was advised to rest, apply ice, wear a compression bandage, and take NSAIDs regularly. She returns today with no improvement in her symptoms and denies any worsening. You decide to perform a therapeutic corticosteroid injection. Where should the therapeutic injection for the treatment of olecranon bursitis be administered?**

- A. Perpendicular to the ulna to the point of maximal tenderness, then slowly guided to the bone, and then withdrawn 2 to 3 mm to administer the injection
- B. Directly into the fluid-filled bursa from either the lateral or medial side
- C. At the area most tender or swollen to palpation and with the needle inserted perpendicular to the skin
- D. Into the soft tissue between the olecranon and triceps tendon and at a 45-degree angle toward the middle of the medial side of the joint

**6. A 10-year-old child presents with white, scaly patches on the scalp, which have not improved with over-the-counter shampoos. Which intervention(s) will you include in your treatment plan?**

- A. Apply topical antifungal treatment and recommend selenium sulfide shampoo.
- B. Prescribe oral antibiotics.
- C. Advise cleansing the affected areas with benzoyl peroxide.
- D. Recommend vitamin D supplements.

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**7. A 45-year-old patient presents with a sore throat and difficulty swallowing. Upon examination, you notice a swollen, red tonsil with white exudate on the right side. Based on the patient's history and clinical examination, you diagnose acute bacterial tonsillitis. What is the first-line treatment for this diagnosis?**

- A. Referral to ENT specialist
- B. Systemic corticosteroids
- C. Oral antibiotics, such as penicillin
- D. Warm salt water gargles

**8. A 55-year-old male patient with a history of myocardial infarction (MI) is prescribed medication to prevent further cardiac events. After several months, he reports new symptoms of muscle pain and weakness. Which of the following medications is most likely causing these symptoms?**

- A. Beta-blockers
- B. ACE inhibitors
- C. Statins
- D. Aspirin

**9. A patient with diabetes and peripheral arterial disease presents with a non-healing foot ulcer despite regular wound care. What is the most appropriate intervention to include in the treatment plan for this patient?**

- A. Discontinue wound care and start cilostazol 100 mg twice daily
- B. Start therapy with cilostazol 100 mg twice daily
- C. Discontinue wound care and start cilostazol 100 mg once per day
- D. Continue wound care and add cilostazol 100 mg once per day

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**10. A 28-year-old pregnant patient comes to the clinic seeking a new prescription for sertraline (Zoloft). Which new information would indicate a need to modify the patient's treatment plan?**

- A. A new diagnosis of bipolar disorder
- B. The patient reports experiencing mild nausea with this medication.
- C. The patient reports a history of a panic attack 6 months ago.
- D. A new prescription for propranolol



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**11. A normally healthy, middle-aged patient visits the clinic with a sudden onset of a persistent high heart rate at 130 bpm. There are no reported symptoms of fever, pain, or anxiety. What would be the most appropriate initial intervention for this patient?**

- A. Prescribing an aldosterone receptor antagonist
- B. A prescription for a beta-blocker or a calcium channel blocker
- C. A prescription for a thiazide diuretic
- D. Initiating three different classes of medications: beta-blockers, calcium channel blockers, and diuretics

**12. A Family Nurse Practitioner (FNP) is evaluating a 65-year-old female patient who reports a sudden onset of unilateral weakness and visual disturbances. The patient also experiences confusion and a severe headache. The FNP uses the Cincinnati Prehospital Stroke Scale (CPSS) and decides the patient needs immediate transportation to the emergency department. Which of the following assessments is key in determining the patient's condition using the CPSS?**

- A. Patient's medical history of hypertension
- B. Blood glucose levels
- C. Heart rate
- D. Facial droop

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**13. You are conducting a wellness check on a 29-year-old male patient. He reports being generally healthy over the past year, has no previous medical conditions, no history of surgery, does not smoke or consume alcohol, and has no family history of reproductive cancers. He further states that he has never engaged in any sexual activity and denies any testicular or genital symptoms today. His physical examination reveals no abnormalities. Regarding the guidelines for testicular cancer screening considering the patient's history and examination findings, you:**

- A. Should recommend an ultrasound for testicular cancer screening
- B. Must perform testicular cancer screening using serum tumor markers
- C. Can opt not to perform testicular cancer screening
- D. Should strongly encourage the patient to consent to testicular cancer screening



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**14. A 50-year-old female patient with a history of hypothyroidism has been regularly seen at the primary care clinic for routine management. She adheres to her medication regimen and expresses concern about her energy levels, but has never mentioned concerns about managing her weight. Which of the following statements by the nurse practitioner regarding weight management is appropriate for this patient?**

- A. "What barriers have you identified in managing your weight?"
- B. "How do you feel about managing your weight?"
- C. "What can I do to help you manage your weight?"
- D. "What is your personal goal for energy levels?"

**15. A 7-year-old child presents to the family nurse practitioner in an outpatient clinic after accidentally getting sand in his eyes at the beach. Based on the most likely diagnosis, which of the following supplies are necessary to complete the ophthalmic examination?**

- A. Fluorescein dye strips
- B. Intravenous fluorescein solution
- C. Rose Bengal dye
- D. Lissamine green dye strips

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**16. A 32-year-old female comes to your family practice clinic for advice on contraception options. She has a history of deep vein thrombosis (DVT) 2 years ago, currently has a BMI of 29, and plans to start trying for pregnancy in one year. She does not smoke and has a normal blood pressure today. Based on the U.S. Medical Eligibility Criteria (USMEC) for Contraceptive Use guidelines, which of the following birth control methods should be avoided?**

- A. Progesterone-only pills (POPs)
- B. A levonorgestrel (LNG) intrauterine device (IUD)
- C. Etonogestrel contraceptive implant
- D. Combined hormonal contraceptives (CHCs)



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**17. You are evaluating a patient who presents with acute onset of flank pain, fever, and dysuria. Which of the following diagnostic findings would be MOST indicative of nephrolithiasis?**

- A. Glucosuria
- B. Hematuria
- C. Proteinuria
- D. Bacteriuria

**18. A 32-year-old male presents to the clinic with knee pain following a soccer injury. During the physical exam, the practitioner performs the Lachman test and notes a positive sign. Which of the following most closely describes a positive Lachman sign?**

- A. With the patient supine and the knee flexed at 90 degrees, the practitioner cups their hands around the knee and pulls the tibia anteriorly. A positive sign is indicated by a significant anterior movement of the tibia compared to the femur, demonstrating ACL injury.
- B. With the patient standing and balancing on one leg, the practitioner observes for dropping of the opposite pelvis. A positive sign is indicated by the pelvis dropping on the non-standing side, demonstrating weak hip abductors.
- C. With the patient supine and the knee flexed at 20-30 degrees, the practitioner's one hand stabilizes the distal femur while the other hand applies anterior force to the proximal tibia. A positive sign is indicated by significant anterior translation of the tibia compared to the femur, demonstrating anterior cruciate ligament (ACL) laxity.
- D. With the patient prone and the knee flexed at 90 degrees, the practitioner squeezes the calf muscles. A positive sign is indicated by the absence of plantar flexion, demonstrating Achilles tendon rupture.

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**19. A 60-year-old patient with chronic liver disease is prescribed a new medication for high blood pressure. Which of the following angiotensin-converting enzyme (ACE) inhibitors should be avoided in this patient due to its high rate of hepatic metabolism?**

- A. Ramipril (Altace)
- B. Captopril (Capoten)
- C. Lisinopril (Prinivil, Zestril)
- D. Enalapril (Vasotec)



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**20. In patients diagnosed with asthma, which of the following symptoms is most commonly reported during an acute exacerbation?**

- A. Wheezing
- B. Chest tightness
- C. Coughing
- D. Shortness of breath

**21. Your 50-year-old male patient presents with a complaint of severe upper abdominal pain radiating to his back. Which further information would best indicate the presence of pancreatitis?**

- A. Increased liver enzymes
- B. Presence of jaundice
- C. Elevated serum lipase levels
- D. Absence of bowel sounds

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**22. A nurse practitioner (NP) assesses a patient who reports experiencing sudden, unilateral facial pain that is sharp and electric shock-like in nature. The pain is primarily localized around the jaw and teeth, often triggered by touch or chewing, and lasts for seconds to minutes. The NP suspects trigeminal neuralgia as the diagnosis. Which of the following patients is most likely to be affected by trigeminal neuralgia?**

- A. A 58-year-old Caucasian female with a history of multiple sclerosis (MS)
- B. A 45-year-old African American male with a history of diabetes
- C. A 35-year-old Hispanic female with a history of chronic sinusitis
- D. A 50-year-old Asian male with a history of migraines

**23. A 28-year-old heterosexual female presents with symptoms of acute pelvic inflammatory disease (PID). Which of the following diagnostic tests should be ordered?**

- A. A pelvic ultrasound
- B. Radiologic studies
- C. Gonorrhea and chlamydia testing
- D. Syphilis and human immunodeficiency virus (HIV) testing



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**24. A 28-year-old female presents with severe dysmenorrhea that occurs only during her menstrual period. Which of the following treatments may be effective in managing her symptoms?**

- A. Nonsteroidal anti-inflammatory drugs (NSAIDs)
- B. Acetaminophen
- C. Antidepressants
- D. Anxiolytics

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**25. A nurse practitioner (NP) is assessing the blood glucose levels of several patients seen in the clinic last week. Which of the following lab results is most likely indicative of prediabetes?**

- A. Fasting blood glucose 105 mg/dL (70 to 99 mg/dL), and HbA1c 6.0% (4.0 to 5.6%)
- B. Fasting blood glucose 135 mg/dL (70 to 99 mg/dL), and HbA1c 7.5% (4.0 to 5.6%)
- C. Fasting blood glucose 85 mg/dL (70 to 99 mg/dL), and HbA1c 5.0% (4.0 to 5.6%)
- D. Fasting blood glucose 65 mg/dL (70 to 99 mg/dL), and HbA1c 3.8% (4.0 to 5.6%)

**26. During a diagnostic workup of a patient with symptoms of asthma, which of the following statements is true?**

- A. Chest X-rays are the primary diagnostic tool for asthma.
- B. Asthma can only be diagnosed with blood tests measuring inflammatory markers.
- C. CT scans are more effective in diagnosing asthma than pulmonary function tests.
- D. Asthma is diagnosed primarily through clinical evaluation and pulmonary function tests.

**27. A 25-year-old female presents to your clinic with sudden, sharp lower abdominal pain on the right side that started during her workout. She rated the pain as severe and states it has not improved with rest. She reports experiencing similar pain on and off in the past, which resolved on its own. Based on these symptoms, what is the most likely diagnosis?**

- A. Pelvic inflammatory disease
- B. Appendicitis
- C. Ovarian torsion
- D. Ectopic pregnancy

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**28. A patient presents with chest pain and you observe an EKG tracing with ST-segment depression and T-wave inversion. Based on this EKG finding, where is the most likely location of myocardial ischemia?**

- A. Myocardium
- B. Subendocardium
- C. Epicardium
- D. Pericardium

**29. A 35-year-old female presents with a painful, erythematous area on her left forearm. Physical examination reveals several pustular lesions within the affected area. She mentions that she recently completed a course of antibiotics for a urinary tract infection but has no other significant medical history. What other factor(s) would heighten your suspicion of community-acquired methicillin-resistant *S. aureus* (CA-MRSA)?**

- A. Living alone and having a sedentary job
- B. Having a history of asthma
- C. Being a recent immigrant to the United States
- D. Living in a residential care facility and working as a gym instructor

**30. A 45-year-old male presents with auditory symptoms including ringing in the ear (tinnitus), followed by occasional dizziness, and progressive hearing loss over the past month. His medical history is significant for an autoimmune disorder. Imaging studies reveal an issue with the eighth cranial nerve. Which of the following auditory disorders is most likely associated with these symptoms?**

- A. Otitis media
- B. Acoustic neuroma
- C. Presbycusis
- D. Meniere's disease



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## Answer Key & Explanations

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### 1. D — Refer to an oncologist for biopsy and further evaluation.

The correct answer: Refer to an oncologist for biopsy and further evaluation. The presence of hard lymphadenopathy and a firm mass in the thyroid gland is highly suspicious for thyroid malignancy. Progressive hoarseness, difficulty swallowing, and unintended weight loss are symptoms often associated with thyroid cancer. It is crucial to refer the patient to an oncologist for a biopsy and further evaluation to determine the nature of the mass and appropriate treatment plan. Thyroid cancer can present with hoarseness, difficulty swallowing, and a palpable neck mass. Weight loss and hard lymphadenopathy in the cervical region also suggest a possible malignancy. Early referral to an oncologist can help in timely diagnosis and management, improving the patient's prognosis.

### 2. C — Older patients

Answer: Older patients A humeral shaft fracture is a common injury, often resulting from falls or trauma. Management includes immobilization to allow for proper healing. While younger patients, including younger athletes, often benefit from surgical intervention or more active forms of rehabilitation, older patients benefit most from conservative management such as using a sling. This method reduces the risk of complications and is generally more suitable for older individuals due to slower healing processes and other comorbidities.

### 3. D — Indefinitely

Answer: Indefinitely Parkinson's disease is a chronic and progressive neurological disorder, characterized by tremors, rigidity, and bradykinesia (slowed movement). Levodopa/carbidopa therapy is the most effective treatment for managing symptoms of Parkinson's disease, and patients typically need to continue this medication indefinitely to maintain symptom control. The dosage may need to be adjusted over time to manage fluctuations in symptom control, but discontinuing the medication is generally not an option as it will lead to a worsening of symptoms.

### 4. D — Regular PSA testing is recommended following a prostatectomy for prostate cancer, as it helps monitor for potential recurrence

Answer: Regular PSA testing is recommended following a prostatectomy for prostate cancer, as it helps monitor for potential recurrence. Per the American Urological Association (AUA) guidelines, men who have undergone a prostatectomy for prostate cancer should continue to have PSA tests at regular intervals. This is crucial for early detection of any signs of recurrence.

### 5. B — Directly into the fluid-filled bursa from either the lateral or medial side

Directly into the fluid-filled bursa from either the lateral or medial side is the correct answer. Conservative management is typically indicated for the treatment of aseptic olecranon bursitis. In patients who do not experience improvement of symptoms after 2-4 weeks or who experience worsening of symptoms despite conservative management, an intrabursal corticosteroid injection is indicated. For injection using aseptic technique and after administering an anesthetic, the needle should be inserted directly into the fluid-filled bursa from either the lateral or medial side, depending on practitioner preference or ease of insertion. This is why it is termed an "intrabursal" injection. Injection of the subacromial bursa (not olecranon bursitis) should be



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completed at the area most tender or swollen to palpation with the needle perpendicular to the skin. Injection of the Achilles bursa (not olecranon bursitis) should be completed with the needle perpendicular to the calcaneus to the point of maximal tenderness, then slowly guided to the bone, and then withdrawn 2 to 3 mm to administer the injection.

**6. A — Apply topical antifungal treatment and recommend selenium sulfide shampoo.**

Answer: Apply topical antifungal treatment and recommend selenium sulfide shampoo. The white, scaly patches on the scalp are indicative of a fungal infection such as tinea capitis. Topical antifungal treatments, as well as medicated shampoos containing selenium sulfide, are effective in managing this condition. Oral antibiotics, benzoyl peroxide, and vitamin D supplements are not indicated for the treatment of tinea capitis.

**7. C — Oral antibiotics, such as penicillin**

Answer: Oral antibiotics, such as penicillin Acute bacterial tonsillitis is commonly caused by Group A Streptococcus (GAS). The first-line treatment is oral antibiotics, typically penicillin or amoxicillin, to eliminate the bacterial infection. While supportive treatments like warm salt water gargles can help alleviate symptoms, they are not considered primary treatments. Systemic corticosteroids and ENT referrals are reserved for severe or refractory cases.

**8. C — Statins**

Answer: Statins Statins are a common medication prescribed to reduce cholesterol levels and prevent cardiac events such as myocardial infarction (MI). A known side effect of statins is muscle pain and weakness, known as myopathy. This side effect can be bothersome enough to lead to non-compliance with the treatment. If myopathy is significant, the patient may benefit from a different lipid-lowering therapy. Aspirin is an antiplatelet medication commonly used for its blood-thinning properties but does not typically cause muscle pain. Beta-blockers are used to manage cardiac conditions such as hypertension and arrhythmias but also do not commonly cause muscle pain. ACE inhibitors are used to treat hypertension and heart failure but are more likely to cause a dry cough or hyperkalemia.

**9. B — Start therapy with cilostazol 100 mg twice daily**

Answer: Start therapy with cilostazol 100 mg twice daily Cilostazol is a medication that improves blood flow by inhibiting platelet aggregation and dilating blood vessels. It is commonly used to treat intermittent claudication in peripheral arterial disease. When used in conjunction with regular wound care, cilostazol can help improve healing in non-healing foot ulcers by enhancing blood flow. Cilostazol is more effective at a dose of 100 mg twice daily compared to lower doses or using wound care alone.

**10. A — A new diagnosis of bipolar disorder**

Answer: A new diagnosis of bipolar disorder Using sertraline (Zoloft), which is a selective serotonin reuptake inhibitor (SSRI), in a patient with bipolar disorder can precipitate manic or hypomanic episodes. It's crucial to identify and manage bipolar disorder appropriately before prescribing SSRIs. Mild nausea is a common side effect of sertraline, but it usually resolves within a few weeks of starting the medication. A history of a panic attack is not a contraindication for using sertraline; in fact, it is often prescribed for panic disorders. Sertraline has no contraindicated interactions with propranolol, a beta-blocker typically used to manage hypertension and anxiety.

**11. B — A prescription for a beta-blocker or a calcium channel blocker**

Answer: A prescription for a beta-blocker or a calcium channel blocker Beta-blockers and calcium channel blockers are commonly used first-line treatments for managing tachycardia in patients without underlying



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significant comorbidities. Since this patient presents with a persistent high heart rate absent other complicating factors, these medications can help manage the condition effectively. Thiazide diuretics are primarily used for treating hypertension and would not be appropriate for the management of tachycardia in this scenario. Starting three different classes of medications is excessive and increases the risk of adverse effects without clear indication. Aldosterone receptor antagonists are used in patients with heart failure or those who have experienced myocardial infarction and are not indicated for patients with isolated tachycardia.

### 12. D — Facial droop

Answer: Facial droop Patients experiencing a potential stroke often exhibit facial droop, arm weakness, and speech difficulty, which are critical components assessed using the Cincinnati Prehospital Stroke Scale (CPSS). The CPSS is a straightforward tool used by healthcare providers to quickly evaluate whether a patient may be having a stroke. To assess using the CPSS, the examiner asks the patient to: smile (checking for facial droop), raise both arms (checking for arm drift or weakness), and repeat a simple phrase (checking for speech abnormalities). Early recognition and prompt medical intervention are essential in improving stroke outcomes. Hence, observing facial droop, alongside assessing arm weakness and speech, is a rapid and reliable method for identifying a potential stroke.

### 13. C — Can opt not to perform testicular cancer screening

Answer: Can opt not to perform testicular cancer screening Current guidelines suggest that routine testicular cancer screening through clinical examination or self-examination is not recommended for asymptomatic men who have no risk factors, such as a family history of testicular cancer or previous history of undescended testis. For men who have never engaged in sexual activity and who do not exhibit any symptoms or risk factors for testicular cancer, the decision to undergo screening can be left to patient preference. If the patient opts for screening, it is also acceptable, but it is not mandatory for asymptomatic individuals with no risk factors.

### 14. B — "How do you feel about managing your weight?"

Answer: "How do you feel about managing your weight?" Nurse practitioners (NPs) providing care for patients with hypothyroidism or other endocrine disorders should inquire about the patient's readiness to address weight management at each visit. Patients may be unaware of how their weight influences their energy levels and overall health. Thus, it is essential to ask patients how they feel about managing their weight or if they have concerns regarding their weight. Inquiring about the patient's feelings helps to gauge their stage of change. For those in the pre-contemplation phase, where they haven't considered managing their weight yet, it's vital to prompt reflective thinking. Patients in the contemplation phase might need support in identifying and overcoming perceived barriers. NPs should offer tailored interventions based on the patient's readiness to change and provide ongoing support.

### 15. A — Fluorescein dye strips

Fluorescein dye strips are used for staining the anterior segment of the eye to examine for abrasions or corneal damage. In cases of sand or foreign body in the eye, fluorescein dye can help visualize any corneal abrasions caused by the particles. Intravenous fluorescein solution is used for fluorescein angiography, which is specific to diagnosing vascular disorders within the eye and not immediate injuries caused by a foreign body. Rose Bengal dye stains both healthy and unhealthy cells and is typically used for diagnosing conditions like Sjögren's syndrome or dry eye. Lissamine green dye strips are occasionally used to diagnose dry eye conditions but are not as effective for identifying abrasions or immediate injuries.



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### 16. D — Combined hormonal contraceptives (CHCs)

Answer: Combined hormonal contraceptives (CHCs) For women with a history of DVT, the use of Combined Hormonal Contraceptives (CHCs) is classified as category 4 in the USMEC guidelines, indicating an unacceptable health risk. The estrogen component in CHCs increases the risk of thrombosis, making it a contraindicated option for this patient. Instead, alternative methods like progesterone-only pills (POPs), levonorgestrel (LNG) intrauterine devices (IUDs), and etonogestrel contraceptive implants are safer and more appropriate options.

### 17. B — Hematuria

Answer: Hematuria Hematuria is a key finding associated with nephrolithiasis (kidney stones). Patients commonly present with acute onset of severe flank pain, which can radiate to the lower abdomen or groin. Other symptoms include nausea and vomiting. Hematuria is the most specific finding, often seen in up to 85% of cases. Proteinuria, bacteriuria, and glucosuria are not typically associated with nephrolithiasis. Proteinuria is more indicative of glomerulonephritis or nephrotic syndrome. Bacteriuria suggests a urinary tract infection, while glucosuria is generally related to diabetes mellitus.

### 18. C — With the patient supine and the knee flexed at 20-30 degrees, the practitioner's one hand stabilizes the distal femur while the other hand applies anterior force to the proximal tibia. A positive sign is indicated by significant anterior translation of the tibia compared to the femur, demonstrating anterior cruciate ligament (ACL) laxity.

Answer: With the patient supine and the knee flexed at 20-30 degrees, the practitioner's one hand stabilizes the distal femur while the other hand applies anterior force to the proximal tibia. A positive sign is indicated by significant anterior translation of the tibia compared to the femur, demonstrating anterior cruciate ligament (ACL) laxity. The Lachman test is one of the most sensitive and specific maneuvers for detecting anterior cruciate ligament (ACL) injuries. A positive Lachman sign, which is characterized by significant anterior translation of the tibia compared to the femur, is suggestive of ACL injury. Other tests for evaluating knee injuries include the Thompson test for Achilles tendon rupture and the Anterior Drawer test for ACL injuries. However, the Lachman test provides a more accurate assessment of ACL injury.

### 19. B — Captopril (Capoten)

Captopril (Capoten) is highly metabolized by the liver, making it unsuitable for patients with chronic liver disease due to the risk of impaired metabolism and toxicity. Other ACE inhibitors such as lisinopril (Prinivil, Zestril), enalapril (Vasotec), and ramipril (Altace) do not have such a high rate of hepatic metabolism and are safer choices in such patients.

### 20. A — Wheezing

Answer: Wheezing Asthma is a common respiratory condition characterized by inflammation and narrowing of the airways, which can result in difficulty breathing. During an acute exacerbation, more than 90% of patients typically present with wheezing. Other common symptoms include coughing, chest tightness, and shortness of breath. Early recognition and management are essential to prevent severe outcomes.

### 21. C — Elevated serum lipase levels

Answer: Elevated serum lipase levels Elevated serum lipase levels are a hallmark of pancreatitis. Pancreatitis is an inflammation of the pancreas and it often presents with severe upper abdominal pain radiating to the back. Causes include gallstones, chronic alcohol use, and certain medications. Absence of bowel sounds can be associated with bowel obstruction, while increased liver enzymes and the presence of jaundice are more indicative of liver-related disorders.



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**22. A — A 58-year-old Caucasian female with a history of multiple sclerosis (MS)**

Answer: A 58-year-old Caucasian female with a history of multiple sclerosis (MS) Trigeminal neuralgia is more commonly observed in females and typically affects individuals over the age of 50. In patients with multiple sclerosis (MS), the prevalence of this condition is higher due to demyelination affecting the trigeminal nerve pathways. It is characterized by sudden, brief, and intense episodes of sharp, electric shock-like pain in the distribution of the trigeminal nerve (usually the jaw and teeth). Factors such as touch, chewing, or even light stimuli can trigger these pain episodes. Typical treatment options include anticonvulsant medications or surgical intervention.

**23. C — Gonorrhea and chlamydia testing**

Answer: Gonorrhea and chlamydia testing Acute pelvic inflammatory disease manifests with pelvic pain, abdominal tenderness, fever, and cervical motion tenderness. In heterosexual women younger than 35 years of age, PID is typically caused by sexually transmitted infections, such as gonorrhea or chlamydia. A urethral swab or nucleic acid amplification test (NAAT) should be performed to rule out these infections. If the patient has systemic symptoms, such as fever or myalgia, a blood culture should be considered. The performance of, or referral for, syphilis and HIV testing may be indicated if testing is positive for a sexually transmitted organism, such as *Chlamydia trachomatis* or *Neisseria gonorrhoeae*. A pelvic ultrasound may be used to rule out other causes of pelvic pain but is not specific for diagnosing PID. Radiologic studies are generally not indicated in the diagnosis of acute PID.

**24. A — Nonsteroidal anti-inflammatory drugs (NSAIDs)**

Answer: Nonsteroidal anti-inflammatory drugs (NSAIDs) NSAIDs are considered first-line agents for managing dysmenorrhea as they reduce the production of prostaglandins, thus decreasing uterine contractions, pain, and inflammation. Acetaminophen may be less effective compared to NSAIDs in reducing menstrual pain. Antidepressants and anxiolytics are not typically used as first-line treatments for dysmenorrhea.

**25. A — Fasting blood glucose 105 mg/dL (70 to 99 mg/dL), and HbA1c 6.0% (4.0 to 5.6%)**

Answer: Fasting blood glucose 105 mg/dL (70 to 99 mg/dL), and HbA1c 6.0% (4.0 to 5.6%) Prediabetes is identified with fasting blood glucose levels between 100 to 125 mg/dL and HbA1c levels between 5.7% to 6.4%. Approximately 88 million American adults—more than 1 in 3—have prediabetes. If lifestyle changes such as diet and exercise are made, 58% of individuals with prediabetes can prevent the progression to type 2 diabetes. Individuals with prediabetes are at increased risk of developing cardiovascular disease, insulin resistance, and Type 2 diabetes mellitus. Fasting blood glucose 135 mg/dL (70 to 99 mg/dL), and HbA1c 7.5% (4.0 to 5.6%) indicates diabetes. Fasting blood glucose 85 mg/dL (70 to 99 mg/dL), and HbA1c 5.0% (4.0 to 5.6%) is considered normal. Fasting blood glucose 65 mg/dL (70 to 99 mg/dL), and HbA1c 3.8% (4.0 to 5.6%) indicates hypoglycemia.

**26. D — Asthma is diagnosed primarily through clinical evaluation and pulmonary function tests.**

Answer: Asthma is diagnosed primarily through clinical evaluation and pulmonary function tests. Asthma is usually diagnosed based on clinical findings such as coughing, wheezing, shortness of breath, and chest tightness. Pulmonary function tests (PFTs) are essential in the diagnosis as they help measure the extent of airway obstruction. These include spirometry and peak expiratory flow rate measurements. Chest X-rays and CT scans are typically not used as primary diagnostic tools for asthma but may be used to rule out other conditions. Blood tests are not commonly used to diagnose asthma as they do not provide direct information on airway function.



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**27. C — Ovarian torsion**

Answer: Ovarian torsion Ovarian torsion is a gynecological emergency typically seen in women of reproductive age. It occurs when an ovary twists around the ligaments that support it, potentially cutting off blood flow. Symptoms include acute onset of severe unilateral lower abdominal pain that is often sudden and not relieved by rest or position changes. Intermittent pain episodes may be reported in the history. Ectopic pregnancy may present with similar pain, but it is often accompanied by vaginal bleeding and a positive pregnancy test. Pelvic inflammatory disease (PID) usually presents with lower abdominal pain and may also include fever, abnormal vaginal discharge, and pain with intercourse. Appendicitis presents with right lower quadrant pain, which typically starts near the belly button and moves to the lower right side, often accompanied by nausea, vomiting, and anorexia.

**28. B — Subendocardium**

Answer: Subendocardium ST-segment depression and T-wave inversion on an EKG are indicative of myocardial ischemia. Myocardial ischemia occurs when blood flow to the heart muscle is reduced, causing a lack of oxygen supply. This often affects the inner layer of the heart muscle, known as the subendocardium, first because it is farthest from the coronary arteries. Ischemia in the subendocardium presents on an EKG as ST-segment depression and T-wave inversion, distinguishable from epicardial or transmural ischemia, which might show ST-segment elevation. Ischemia affecting the epicardium may present as ST-segment elevation, while pericardial involvement typically presents with findings suggestive of pericarditis, such as diffuse ST-segment elevation and PR-segment depression. Generalized hypoperfusion affecting the myocardium may lead to non-specific changes on the EKG.

**29. D — Living in a residential care facility and working as a gym instructor**

Answer: Living in a residential care facility and working as a gym instructor CA-MRSA infections are commonly found in healthy individuals and are more prevalent in those living in crowded settings like dormitories or residential care facilities. Participation in activities that involve close physical contact, such as working in a gym, also increases the risk. Other risk factors include previous antibiotic usage, certain ethnic backgrounds, and exposure to infected individuals.

**30. D — Meniere's disease**

Answer: Meniere's disease Meniere's disease is characterized by episodes of tinnitus, vertigo, and fluctuating hearing loss. It is caused by the accumulation of endolymphatic fluid in the inner ear, and it commonly affects individuals with a history of autoimmune disorders. Dysfunction of the eighth cranial nerve is identified as a hallmark of this condition. Otitis media typically involves infection and fluid accumulation in the middle ear, unrelated to eighth cranial nerve issues. An acoustic neuroma is a benign tumor of the eighth cranial nerve but does not present with the classic episodic symptoms of Meniere's disease. Presbycusis is age-related gradual hearing loss, not associated with tinnitus and vertigo.



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