

# *Nursing*

**ANCC-AGPCNP-BC**

*American Nurses Credentialing Center: Adult-Gerontology Primary Care Nurse Practitioner*



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## Question: 1

Active hepatitis B is confirmed by which of the following laboratory tests?

- A. Anti-HBs antibody
- B. Immunoglobulin G
- C. Enzyme-linked immunosorbent assay (ELISA)
- D. HBsAg surface antigen

**Answer: D**

Explanation:

Hepatitis B surface antigen (HBsAg) is the blood test that is ordered to determine if a patient is infected with the Hepatitis B virus; it indicates a current hepatitis B infection.

The presence of anti-HBs antibodies in the patient's blood is generally interpreted as indicating recovery and immunity from hepatitis B virus infection. Anti-HBs also develop in a person who has been successfully vaccinated against hepatitis B. Immunoglobulin G (IgG) is the most common type of antibody present in our blood and other body fluids. The ELISA test detects and measures antibodies in the blood and can be used to determine if a person has antibodies related to certain infectious conditions.

## Question: 2

Against which of the following diseases does the bacillus Calmette-Guerin (BCG) vaccine immunize a person?

- A. Atypical pneumonia
- B. Meningitis
- C. Tuberculosis
- D. Smallpox

**Answer: C**

Explanation:

BCG, or bacilli Calmette-Guerin, is a vaccine for tuberculosis (TB) disease. Many foreign-born persons have been BCG-vaccinated. BCG is used in many countries with a high prevalence of TB to prevent childhood tuberculosis meningitis and disseminated TB disease. However, BCG is not generally recommended for use in the U.S. because of the low risk of infection with *Mycobacterium tuberculosis*, the variable effectiveness of the vaccine against adult pulmonary TB, and the vaccine's potential interference with tuberculin skin test reactivity. The BCG vaccine should be considered only for very select persons who meet specific criteria and in consultation with a TB expert.

### Question: 3

A health care provider's NPI number contains:

- A. 12 numbers/digits
- B. 10 numbers/digits
- C. 8 numbers/digits
- D. 5 numbers/digits

**Answer: B**

Explanation:

The NPI is a unique 10-digit identification number assigned to health care providers (or to any entity that bills Medicare/Medicaid). It is issued by the National Plan and Provider Enumeration System (NPPES), and all providers who provide services and bill Medicare must have an NPI. The individual provider's NPI lasts for their lifetime.

### Question: 4

A 60-year-old woman has a diagnosis of polymyalgia rheumatica (PMR). All of the following are present with this diagnosis except:

- A. Weight gain
- B. Bilateral joint stiffness and aching
- C. Acute onset of disease process
- D. Elevated sedimentation rate

**Answer: A**

Explanation:

PMR is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders, neck, hips, and torso. Symptoms of PMR usually have a quick onset and are worse in the morning. Patients with PMR may have unintended weight loss due to loss of appetite.

Females 50 years of age or older are commonly affected, and PMR patients are at a high risk of developing temporal arteritis (inflammatory disorder causing headaches, vision difficulties, jaw pain and scalp tenderness). Generally, ESR/sedimentation rate and C-reactive protein (CRP) are elevated, indicating inflammation. Symptoms usually respond well to long-term steroids (i.e., prednisone daily). Due to the high risk of developing temporal arteritis, patients should be referred to an ophthalmologist for management.

### Question: 5

The ability of a screening test to correctly identify a person with a disease is referred to as:

- A. Morbidity
- B. Specificity
- C. Sensitivity
- D. Mortality

**Answer: C**

Explanation:

Sensitivity refers to the ability of a screening test to correctly identify a person with the disease.

Specificity refers to the ability of a screening test to correctly identify a person without disease (a healthy individual). Morbidity refers to an illness or any departure from physical and/or mental health, and mortality indicates death.

### Question: 6

Screening for lung cancer should be performed using which of the following screening tests, according to the United States Preventative Services Task Force?

- A. Bronchoscopy with biopsy
- B. Chest x-ray
- C. Low-dose MRI
- D. Low-dose CT (LDCT)

**Answer: D**

Explanation:

The leading cause of cancer mortality in the United States is lung cancer. According to the United States Preventative Services Task Force (USPSTF), screening for persons ages 55 to 80 years who smoke (30-pack-years) or have quit in the past 15 years should be performed annually with LDCT. Screening can be discontinued once the person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

### Question: 7

A patient newly diagnosed with irritable bowel syndrome (IBS) should be educated on the signs and symptoms associated with this condition. Which of the following is not common with IBS?

- A. Bloody diarrhea
- B. Excessive bloating and/or flatulence
- C. Diarrhea and/or constipation
- D. Abdominal pain with relief after bowel movement(s)

**Answer: A**

Explanation:

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IBS is a chronic functional disorder of the colon (colon tissue is normal) characterized by exacerbations and remissions (spontaneous); stress commonly exacerbates the condition. Tenderness in the lower abdominal quadrants during the exam is common. Patients often report chronic abdominal pain, bloating, flatulence, and changes in bowel movements. IBS is more common in women than in men. There is no inflammation or bleeding in IBS.

### Question: 8

Which statement is false regarding the pneumococcal vaccine?

- A. If a patient received Pneumovax (PPSV23) before the age of 65 years, give booster within five years from dose.
- B. The Advisory Committee on Immunization Practices (ACIP) recommends giving Pneumovax (PPSV23) before Prevnar (PCV 13).
- C. Prevnar (PCV 13) is recommended for adults aged 65 years or older.
- D. Drowsiness, redness at injection site, and mild fever are common side effects of Prevnar (PCV 13) vaccine.

**Answer: B**

Explanation:

There are two types of the pneumococcal vaccine (which protects against any type of infection caused by *Streptococcus pneumoniae*): pneumococcal conjugate vaccine (PCV 13/Prevnar) and pneumococcal polysaccharide vaccine (PPSV23/Pneumovax). PCV 13 is recommended for adults aged 65 years or older. The ACIP recommends giving PPV13 initially, then after more than one year, giving PPSV23. If PPSV23 was given before 65 years of age, a booster should be administered within five years from dose. About half of people become drowsy after the Prevnar injection; redness at the injection site and mild fever are common side effects as well. Prevnar is also recommended for infants, children, and adults aged 2 to 64 years with certain health conditions.

### Question: 9

Which of the following medications is indicated for the treatment of migraine headache?

- A. High-dose oxygen therapy
- B. High-dose steroids
- C. Carbamazepine
- D. Propranolol prophylaxis

**Answer: D**

Explanation:

Migraine is a type of headache characterized by constriction of vessels in the brain, followed by painful dilation and inflammation of the same blood vessels. Migraines present with throbbing, nausea, photophobia, and phonophobia.

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Acute treatment involves an ice pack on the forehead, resting in a quiet and darkened room, Imitrex, NSAIDs, analgesics including Tylenol, and narcotics if necessary. Prophylaxis includes beta-blockers such as propranolol and metoprolol and TCAs.

High-dose oxygen therapy is used for the treatment of cluster headaches. High-dose steroids are indicated in the case of temporal arteritis, and carbamazepine is used in the treatment of trigeminal neuralgia.

### Question: 10

The patient with depression may exhibit all of the following symptoms except:

- A. Agitation
- B. Anorexia
- C. Anhedonia
- D. Ataxia

**Answer: D**

Explanation:

Major and minor depression (also known as unipolar depression) are similar, but minor depression is a milder form. The criteria of signs and symptoms of minor depression are the same as major depression except that there are fewer symptoms (at least two, but less than five). Both major and minor depression are attributed to dysfunction of the neurotransmitters serotonin and norepinephrine, and both have a strong genetic component.

Symptoms include:

- Depressed mood
- Anhedonia (diminished interest in activities)
- Loss of energy and/or fatigued
- Insomnia or hypersomnia
- Feelings of worthlessness and inappropriate guilt
- Diminished concentration/difficulty making decisions
- Recurrent/obsessive thoughts of death or suicidal ideation
- Weight loss (>5% body weight) or weight gain
- Psychomotor agitation or retardation

Ataxia describes a lack of muscle control during voluntary movements, such as walking or picking up objects. It is not a sign or symptom of depression.

### Question: 11

Which of the following diseases is caused by the human papillomavirus and hinges on the horizontal disease transfer process?

- A. AIDS
- B. Gonorrhea
- C. Hepatitis
- D. Cervical cancer

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**Answer: D**

Explanation:

Horizontal transmission is the transmission of an infecting agent from one individual to another. Cervical cancer, caused by the human papillomavirus, is most commonly spread through sexual intercourse (direct skin-to-skin contact).

### Question: 12

What type of skin lesion is a mole considered?

- A. Nodule
- B. Vesicle
- C. Macule
- D. Papule

**Answer: D**

Explanation:

A papule is a palpable solid lesion less than or equal to 0.5 cm in diameter. Moles, acne, and small cherry angiomas are examples of papules.

Freckles, petechiae, and small birthmarks are considered macules, which are flat nonpalpable lesions less than 1 cm in diameter. A nodule is a growth of abnormal tissue or fluid inside or under the skin with a diameter greater than 0.5 cm. Vesicles are elevated, superficial skin lesions less than 1 cm in diameter and filled with fluid.

### Question: 13

Which of the following is not considered a risk factor for urinary tract infection (UTI) in women?

- A. Presence of IUD (intrauterine device)
- B. Pregnancy
- C. History of recent UTI
- D. Diabetes mellitus

**Answer: A**

Explanation:

An IUD does not increase the risk of UTI in women.

Risk factors include:

- Pregnancy
- History of a recent UTI or recurrent infections
- Diabetes or immunocompromised status
- Failure to void after sex or increased sexual intercourse

- Spermicide use within the past year
- Other risk factors: Infected renal calculi, low fluid intake, poor hygiene, catheterization

### Question: 14

In the patient diagnosed with primary genital herpes, all of the following are appropriate first episode treatment options except:

- A. Famciclovir (Favir) BID for 7 to 10 days
- B. Valacyclovir (Valtrex) TID for 7 to 10 days
- C. Acyclovir (Zovirax) five times/day for 7 to 10 days
- D. Acyclovir (Zovirax) BID for 5 days

**Answer: D**

Explanation:

Treatment duration is 7 to 10 days for treating primary genital herpes infection. For breakouts or flare-up treatment, the duration is five days. Acyclovir, famciclovir, or valacyclovir can be used.

### Question: 15

A teenage patient presents with a history of sore throat, enlarged posterior cervical nodes, and fatigue for several weeks. The patient complains of mild abdominal pain and has a fever.

What is the most likely diagnosis?

- A. Streptococcal pharyngitis
- B. Scarlet fever
- C. Acute mononucleosis
- D. Epistaxis

**Answer: C**

Explanation:

Acute mononucleosis is an infection by the EBV (Epstein-Barr virus), a member of the herpes virus family. Peak ages of acute infection in the U.S. are between 15 and 24 years. After acute infection, EBV lies dormant in oropharyngeal tissue and can become reactivated, causing symptoms. The virus is shed mainly through saliva, and this disease is also called the "kissing disease." The classic triad of symptoms includes fever, pharyngitis, and lymphadenopathy.

### Question: 16

Of the following examples of research studies, which is considered the best, or strongest, evidence-based article?



- A. A specialty society opinion paper regarding the effectiveness of ginkgo biloba supplementation in dementia
- B. A meta-analysis on Medline and Cochrane databases that found 53 randomized controlled trials about ginkgo biloba use in patients with early dementia
- C. An experimental study on 500 patients with early dementia who were given ginkgo biloba daily for six months versus the control group, which were given placebo pills
- D. A retrospective chart review of 325 patients who were admitted to the hospital with early dementia and were given ginkgo biloba as a part of the treatment regimen

**Answer: B**

Explanation:

Evidence-based medicine (EBM), also known as evidence-based practice, is the result of the use and integration of solid clinical evidence (finding the best evidence) in clinical care. Research evidence (results from studies and experiments) is critically evaluated for its validity, impact, and applicability.

The levels of evidence rankings are:

- Meta-analysis and/or systematic reviews (Cochrane/Medline/CINAHL/PubMed)
- RCTs (used for testing and medical treatment effectiveness, subjects assigned at random to either a control or treatment group)
- Experimental studies (control group, intervention group, randomization)
- Cohort/case-control studies
- Retrospective chart reviews
- Expert/specialty society opinions

### Question: 17

What statement is not correct in regards to the USPSTF screening recommendations for cervical cancer?

- A. May screen every five years with combination of cytology plus HPV testing beginning at age 30 years.
- B. A baseline Pap smear/cytology should begin at age 21 years in all females.
- C. Screen every three years until age 65 years.
- D. Women younger than 21 years of age should be screened only if sexually active.

**Answer: D**

Explanation:

The U.S. Preventive Services Task Force (USPSTF) cervical cancer screening guidelines include:

- Baseline Pap smear/cytology at age 21 years
- Screen every three years until age 65 years
- Do not screen women younger than 21 years, even if sexually active (cervical cancer is rare before age 21 years)
- Another option starting at age 30 years is to screen with combination of cytology and HPV testing every five years
- Hysterectomy with removal of cervix: If hysterectomy with cervical removal was not due to cervical intraepithelial neoplasia (CIN grade 2) or cervical cancer, then can stop screening

- Women older than 65 years who had adequate prior screening: Do not screen if history of adequate prior screening and is not otherwise at high risk for cervical cancer
- Risk factors include multiple sex partners (defined as greater than four lifetime partners), younger age onset of sex (immature cervix easier to infect), immunosuppression, and smoking.

### Question: 18

In which year did the American Nurses Association (ANA) Division of Gerontological Nursing first publish the scope of practice for this specialty?

- A. 1981
- B. 1987
- C. 1998
- D. 2008

**Answer: A**

Explanation:

The scope of practice for gerontological nurses was first published in 1981 and revised in 1987. In 1998, the ANA offered certification for geriatric nurse practitioners and gerontologic clinical nurse specialists. In 2008, the new specialty called the "adult-gerontologic" nurse was introduced to replace "gerontologic" nursing programs by 2015, per the Consensus expert panel. The first group to take the new certification exam was the December 2012 graduates from the AGNP programs.

### Question: 19

A 70-year-old male presents with complaints of right eye pain, blurry vision, and sensitivity to light that began upon waking up this morning. The right eyelid is swollen and erythematous. In addition, the adult-gerontology nurse practitioner notes a crusty, small round rash on the right side of the scalp and forehead that extends to the sides and tip of the nose.

Based on these findings, what is the priority in initial treatment for this patient?

- A. Prescribe antiviral therapy
- B. Prescribe pain medication for pain management
- C. Referral to ophthalmologist or emergency department the same day
- D. Prescribe corticosteroids and topical anesthetics

**Answer: C**

Explanation:

If shingles infection of the trigeminal nerve (herpes zoster ophthalmicus) is suspected, refer the patient to the emergency department or an ophthalmologist STAT. Sequelae include corneal blindness, corneal scarring, and chronic pain.

Antiviral therapy, pain management (including topical anesthetics), and corticosteroids are all part of the treatment plan, but generally, these will be prescribed by either the ophthalmologist or the ED/PCP.

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## Question: 20

"FAST" is a mnemonic for recognizing stroke in a patient. What does the "T" stand for in this mnemonic?

- A. Tremor
- B. Time to call 911
- C. Tachycardia
- D. Tinnitus

<b>Answer: B</b>
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Explanation:

- F: Face drooping (Instruct patient to smile. Is face lopsided?)
- A: Arm weakness (Instruct patient to raise both arms. Does one arm drift downward?)
- S: Speech difficulty (Instruct patient to say, "Is the sky blue?")
- T: Time to call 911 (Even if symptoms go away, call 911)

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