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**Nursing**

**ENP-BC**

*AANPCB Emergency Nurse Practitioner (specialty certification)*

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### Question: 1

A 45-year-old male patient presents with acute exacerbation of asthma. Which of the following medications is considered a short-acting beta-agonist and should be used as a first-line treatment for acute asthma symptoms?

- A. Montelukast (Singulair)
- B. Fluticasone (Flovent)
- C. Ipratropium (Atrovent)
- D. Albuterol (Proventil)

Answer: D

Explanation: In the treatment of acute asthma exacerbation, a short-acting beta-agonist such as albuterol (Proventil) is considered a first-line medication. It acts quickly to relieve bronchospasm and improve airflow.

### Question: 2

Which of the following interventions should be initiated immediately in a patient who is in cardiac arrest?

- A. Administration of vasopressors
- B. Placement of an advanced airway
- C. Defibrillation
- D. Initiation of cardiopulmonary resuscitation (CPR)

Answer: D

Explanation: In a patient who is in cardiac arrest, the immediate initiation of cardiopulmonary resuscitation (CPR) is essential. CPR involves chest compressions and rescue breaths to maintain circulation and oxygenation. While the administration of vasopressors, placement of an advanced airway,

and defibrillation are important components of advanced cardiac life support (ACLS), they are initiated after the start of CPR.

### Question: 3

Which of the following pharmacological therapies is recommended as the first-line treatment for anaphylaxis?

- A. Corticosteroids
- B. Diphenhydramine
- C. Albuterol
- D. Epinephrine

Answer: D

Explanation: Epinephrine is the first-line treatment for anaphylaxis. It acts as a vasoconstrictor, bronchodilator, and cardiac stimulant, rapidly reversing the life-threatening symptoms of anaphylaxis. Diphenhydramine and albuterol may have adjunctive roles in managing specific symptoms, but they are not considered first-line therapies. Corticosteroids are typically used as an adjunctive treatment to prevent biphasic reactions and provide long-term control of inflammation.

### Question: 4

Which of the following scenarios would be most appropriate for initiating a change in the treatment plan for a patient who is under observation?

- A. The patient's vital signs are stable and within normal limits.
- B. The patient develops new-onset chest pain and shortness of breath.
- C. The patient reports mild improvement in symptoms.
- D. The patient's laboratory results show a slight increase in inflammatory markers.

**Answer: B**

**Explanation:** A change in the treatment plan for a patient under observation would be most appropriate when there is a significant change in the patient's clinical status. While vital signs within normal limits and mild improvement in symptoms may be positive indicators, they may not warrant a change in treatment. However, the development of new-onset chest pain and shortness of breath suggests a potential complication or worsening of the condition, requiring a reassessment and modification of the treatment plan.

**Question: 5**

A 30-year-old female patient presents with a high fever, severe headache, and neck stiffness. You suspect meningitis and plan to perform a lumbar puncture for cerebrospinal fluid (CSF) analysis. Which of the following laboratory findings is consistent with bacterial meningitis?

- A. Elevated CSF protein and glucose levels
- B. Elevated CSF protein and decreased glucose levels
- C. Normal CSF protein and glucose levels
- D. Decreased CSF protein and glucose levels

**Answer: B**

**Explanation:** In bacterial meningitis, the cerebrospinal fluid (CSF) analysis typically shows elevated protein levels and decreased glucose levels, indicating an inflammatory response and bacterial infection.

**Question: 6**

A 55-year-old male patient presents to the emergency department with altered mental status and signs of severe dehydration. You suspect diabetic ketoacidosis (DKA) as the underlying cause. Which of the following is the most appropriate initial step in managing this patient?

- A. Perform a fingerstick blood glucose test
- B. Administer insulin
- C. Obtain arterial blood gas (ABG) analysis
- D. Administer intravenous (IV) fluids

Answer: D

Explanation: In the management of diabetic ketoacidosis (DKA), the initial step is to administer intravenous (IV) fluids to correct dehydration and improve hemodynamic stability.

### Question: 7

Which of the following medications is commonly administered to treat acute ischemic stroke within the thrombolytic window?

- A. Aspirin
- B. Clopidogrel
- C. Alteplase (tPA)
- D. Warfarin

Answer: C

Explanation: Alteplase (tPA) is the medication commonly administered within the thrombolytic window (typically within 4.5 hours of symptom onset) to treat acute ischemic stroke. It is a thrombolytic agent that helps dissolve the blood clot causing the stroke and restore blood flow to the affected area of the brain.

Aspirin and clopidogrel are antiplatelet agents that may be used in the secondary prevention of stroke, but they are not the first-line treatment for acute ischemic stroke. Warfarin is an oral anticoagulant and is not used in the acute management of ischemic stroke.

### **Question: 8**

A 69-year-old female patient presents to the emergency department with chest pain and shortness of breath. You suspect a pulmonary embolism and decide to order a diagnostic study to confirm the diagnosis. Which of the following tests is most appropriate?

- A. Ventilation-perfusion (V/Q) scan
- B. Electrocardiogram (ECG)
- C. D-dimer blood test
- D. Chest X-ray

Answer: A

Explanation: In the evaluation of suspected pulmonary embolism, the most appropriate initial diagnostic test is a ventilation-perfusion (V/Q) scan. This test can help identify perfusion defects in the lungs that are suggestive of a pulmonary embolism.

### **Question: 9**

Which of the following diagnostic studies would be most appropriate for a patient with a high pre-test probability of pulmonary embolism?

- A. Chest X-ray
- B. Electrocardiogram (ECG)
- C. Ventilation-perfusion (V/Q) scan

## D. D-dimer assay

Answer: C

Explanation: A patient with a high pre-test probability of pulmonary embolism would require a diagnostic study that has a high specificity and sensitivity for detecting the condition. While a chest X-ray and ECG may provide some information, they are not specific for pulmonary embolism. The D-dimer assay is a useful screening test, but it has a high false positive rate. The V/Q scan is a commonly used test with high sensitivity and specificity for diagnosing pulmonary embolism, making it the most appropriate choice in this scenario.

## Question: 10

A patient presents to the emergency department with symptoms of severe asthma exacerbation. Which of the following medications would be most appropriate to administer?

- A. Prednisone
- B. Ibuprofen
- C. Albuterol nebulizer treatment
- D. Diphenhydramine

Answer: C

Explanation: In the management of severe asthma exacerbation, the administration of a bronchodilator such as albuterol via nebulizer is the most appropriate initial intervention. Albuterol acts by relaxing the smooth muscles of the airways, providing rapid relief of bronchospasm. Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) and may have a limited role in managing asthma exacerbation. Prednisone, a systemic corticosteroid, is typically used as an adjunctive therapy to reduce airway inflammation.

Diphenhydramine is an antihistamine and is not indicated for acute asthma exacerbation.

**Question: 11**

During a trauma resuscitation, a patient's blood pressure drops significantly despite fluid resuscitation. Which of the following procedures/skills should be performed to address potential sources of bleeding?

- A. Needle thoracostomy
- B. FAST (Focused Assessment with Sonography for Trauma) exam
- C. Pelvic binder application
- D. Endotracheal intubation

Answer: B

Explanation: In a trauma resuscitation setting, performing a FAST (Focused Assessment with Sonography for Trauma) exam is important to identify potential sources of bleeding. The FAST exam involves using ultrasound to assess the abdomen and pericardial space for the presence of free fluid, indicating internal bleeding.

**Question: 12**

In a critically ill patient with septic shock, which of the following diagnostic studies would be most helpful in guiding management?

- A. Complete blood count (CBC)
- B. Serum lactate level
- C. Blood culture
- D. Urinalysis

**Answer: B**

**Explanation:** In a critically ill patient with septic shock, serum lactate level is a valuable diagnostic study for guiding management. Elevated lactate levels indicate tissue hypoperfusion and are associated with increased mortality in septic shock. A complete blood count (CBC) and blood culture are important for assessing infection and identifying the causative organism, but they do not provide direct information about tissue perfusion. Urinalysis is not specific for septic shock and would not be the most helpful study in guiding management.

**Question: 13**

Which of the following interventions is essential for initiating and maintaining emergency stabilization in a trauma patient?

- A. Monitoring blood pressure and heart rate
- B. Application of a cervical collar
- C. Administration of intravenous fluids
- D. Performing a focused assessment with sonography for trauma (FAST) exam

**Answer: A**

**Explanation:** When initiating and maintaining emergency stabilization in a trauma patient, monitoring vital signs such as blood pressure and heart rate is essential. These parameters provide crucial information about the patient's hemodynamic status and guide the need for further interventions. While administration of intravenous fluids, application of a cervical collar, and performing a FAST exam are important components of trauma management, monitoring vital signs takes precedence in the initial stages of stabilization.

**Question: 14**

A 65-year-old male patient presents to the emergency department with severe chest pain consistent with acute myocardial infarction. In addition to administering aspirin and oxygen, which of the following medications should be initiated within 12 hours of symptom onset to reduce mortality and myocardial damage?

- A. Nitroglycerin
- B. Metoprolol
- C. Alteplase
- D. Atorvastatin

Answer: D

Explanation: In the management of acute myocardial infarction, initiating statin therapy such as atorvastatin within 12 hours of symptom onset has been shown to reduce mortality and myocardial damage. Statins have beneficial effects on plaque stabilization and anti-inflammatory properties.

### Question: 15

Which of the following procedures/skills would an Emergency Nurse Practitioner be qualified to perform?

- A. Lumbar puncture
- B. Central venous catheter insertion
- C. Tracheostomy tube change
- D. Arterial line placement

Answer: C

Explanation: While Emergency Nurse Practitioners have a broad scope of

practice, there are certain procedures/skills that may require specialized training or certification. Lumbar puncture and central venous catheter insertion are typically performed by physicians or advanced practice providers with additional training. Arterial line placement is another invasive procedure that may require specialized training. However, tracheostomy tube change is within the scope of practice for an Emergency Nurse Practitioner and can be performed as indicated.

### **Question: 16**

When managing multiple patients in the emergency department, which of the following strategies is most effective for maintaining situational awareness?

- A. Focusing on completing one task at a time before moving on to the next.
- B. Assigning specific roles and responsibilities to each member of the healthcare team.
- C. Utilizing a standardized handoff process to communicate patient information.
- D. Implementing a visual tracking system to monitor the status and progress of each patient.

**Answer: D**

**Explanation:** When managing multiple patients in a fast-paced environment, implementing a visual tracking system is the most effective strategy for maintaining situational awareness. This system allows healthcare providers to monitor the status and progress of each patient at a glance, minimizing the risk of oversight or forgetting critical tasks. While focusing on completing one task at a time, assigning specific roles, and utilizing a standardized handoff process are important strategies, they may not provide the same level of visual awareness as a tracking system.

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