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Question: 1

Which of the following is the gold standard test for diagnosing pulmonary embolism (PE)?

- A. D-dimer
- B. Chest X-ray
- C. Pulmonary angiography
- D. CT pulmonary angiography

Answer: C

Explanation: The gold standard test for diagnosing pulmonary embolism is pulmonary angiography. This invasive procedure involves injecting contrast dye into the pulmonary arteries to visualize any blockages. However, due to its invasive nature, it is typically reserved for cases where other non-invasive tests are inconclusive. D-dimer is a screening test that can help rule out PE, but it is not specific and cannot definitively diagnose the condition. Chest X-ray may show nonspecific findings but is not the primary test for diagnosing PE. CT pulmonary angiography is a commonly used non-invasive imaging test that has a high sensitivity and specificity for diagnosing PE, making it the preferred choice in most cases.

Question: 2

A patient presents with a rash that is characterized by a "herald patch" followed by the appearance of smaller, oval-shaped lesions on the trunk and extremities. The rash is mildly pruritic. The most likely diagnosis is:

- A. tinea corporis
- B. contact dermatitis
- C. psoriasis

D. pityriasis rosea

Answer: D

Explanation: The presentation of a "herald patch" followed by the appearance of smaller, oval-shaped lesions on the trunk and extremities is characteristic of pityriasis rosea. Pityriasis rosea is a common, self-limited skin condition that typically occurs in young adults and presents with this distinctive rash pattern. Tinea corporis (ringworm) typically presents with circular, scaly lesions and may have central clearing. Psoriasis typically presents with well-demarcated, erythematous plaques with silvery scales. Contact dermatitis is typically characterized by a localized rash in areas of contact with an allergen or irritant and may be associated with itching or burning.

Question: 3

A 45-year-old female presents with complaints of lower abdominal pain, dyspareunia, and abnormal uterine bleeding. On physical examination, there is tenderness on palpation of the adnexal region. A pelvic ultrasound reveals a complex adnexal mass with solid and cystic components. Which of the following would be the most appropriate next step in management?

- A. Ordering a CA-125 tumor marker test
- B. Initiation of oral contraceptive pills
- C. Administration of intravenous antibiotics
- D. Referral for laparoscopic surgery

Answer: D

Explanation: The patient's symptoms, physical examination findings, and pelvic ultrasound results are suggestive of an ovarian mass. Given the complex nature of the adnexal mass and the presence of symptoms, the most appropriate next step in management would be to refer the patient for laparoscopic surgery.

Laparoscopic surgery allows for direct visualization and possible removal of the ovarian mass, as well as potential biopsy or further intervention if needed. Option B (initiation of oral contraceptive pills) may be considered for the management of certain benign ovarian conditions, but it is not the primary intervention for an ovarian mass with concerning features. Option C (administration of intravenous antibiotics) is not indicated in this case as the symptoms and findings are not consistent with an infectious etiology. Option D (ordering a CA-125 tumor marker test) may be useful in the evaluation of ovarian masses, but it is not the primary next step in management.

Question: 4

A patient presents with a history of chronic low back pain that is worsened with prolonged sitting and relieved with walking or changing positions. On physical examination, there is tenderness over the lumbar spine and limited lumbar range of motion. The most appropriate next step in management is:

- A. order lumbar spine X-rays
- B. recommend surgical consultation
- C. prescribe nonsteroidal anti-inflammatory drugs (NSAIDs)
- D. refer to physical therapy for exercise and stretching

Answer: D

Explanation: The history of chronic low back pain worsened with prolonged sitting and relieved with walking or changing positions, along with tenderness over the lumbar spine and limited lumbar range of motion, is suggestive of mechanical low back pain. The most appropriate next step in management is to refer the patient to physical therapy for exercise and stretching. Physical therapy can help improve strength, flexibility, and posture, which can alleviate symptoms and improve function. Lumbar spine X-rays are typically not necessary in the initial management of mechanical low back pain. NSAIDs may be used for symptomatic relief, but they do not address the underlying cause.

Surgical consultation is not indicated unless there are specific indications, such as progressive neurological deficits or failed conservative management.

Question: 5

A patient presents with a history of recurrent episodes of wheezing, coughing, and shortness of breath that are exacerbated by exposure to allergens and exercise. The most appropriate initial pharmacologic treatment for this patient is:

- A. long-acting beta-agonist (LABA)
- B. inhaled corticosteroid (ICS)
- C. leukotriene receptor antagonist (LTRA)
- D. inhaled short-acting beta-agonist (SABA)

Answer: D

Explanation: The history of recurrent episodes of wheezing, coughing, and shortness of breath that are exacerbated by exposure to allergens and exercise is highly suggestive of asthma. The most appropriate initial pharmacologic treatment for asthma is an inhaled short-acting beta-agonist (SABA), such as albuterol. SABAs provide quick relief of acute symptoms by relaxing the smooth muscles in the airways. Inhaled corticosteroids (ICS) are typically used as long-term controller medications for asthma. Leukotriene receptor antagonists (LTRA) may be used as adjunctive therapy in some cases. Long-acting beta-agonists (LABA) are typically used in combination with ICS for long-term control of asthma symptoms.

Question: 6

A 45-year-old male patient presents with a history of recurrent episodes of abdominal pain associated with diarrhea, urgency, and tenesmus. The most

appropriate diagnostic test to confirm the suspected diagnosis is:

- A. abdominal ultrasound
- B. colonoscopy
- C. stool culture
- D. serum C-reactive protein (CRP) level

Answer: B

Explanation: The history of recurrent episodes of abdominal pain associated with diarrhea, urgency, and tenesmus is suggestive of inflammatory bowel disease (IBD), such as Crohn's disease or ulcerative colitis. The most appropriate diagnostic test to confirm the suspected diagnosis is colonoscopy, which allows direct visualization and biopsy of the gastrointestinal mucosa. Abdominal ultrasound may be useful in evaluating other abdominal conditions but is not specific for diagnosing IBD. Stool culture is primarily used to identify infectious causes of diarrhea. Serum C-reactive protein (CRP) level is a marker of inflammation but is not diagnostic for IBD.

Question: 7

A 65-year-old male with a history of chronic obstructive pulmonary disease (COPD) presents with increasing dyspnea, cough, and production of purulent sputum. On physical examination, the patient has decreased breath sounds and prolonged expiratory phase. Chest X-ray reveals hyperinflation and flattened diaphragms. Which of the following is the most appropriate initial pharmacologic treatment for this patient?

- A. Systemic corticosteroid (prednisone)
- B. Inhaled corticosteroid (fluticasone)
- C. Long-acting muscarinic antagonist (tiotropium)
- D. Short-acting bronchodilator (albuterol)

Answer: D

Explanation: The patient's symptoms, physical examination findings, and chest X-ray results are consistent with an acute exacerbation of COPD. The most appropriate initial pharmacologic treatment for this patient would be a short-acting bronchodilator, such as albuterol. Short-acting bronchodilators provide rapid relief of bronchospasm and help improve symptoms of dyspnea. Inhaled corticosteroids (option B) are more commonly used for maintenance therapy in patients with moderate to severe COPD, but they are not the initial treatment for an acute exacerbation. Long-acting muscarinic antagonists (option C) may also be used as maintenance therapy in COPD, but they are not the first-line treatment for an acute exacerbation. Systemic corticosteroids (option D), such as prednisone, may be added to the treatment regimen for acute exacerbations of COPD to reduce airway inflammation and improve lung function, but they are not the initial pharmacologic treatment.

Question: 8

A 70-year-old male presents with complaints of progressive shortness of breath on exertion, orthopnea, and bilateral lower extremity edema. On physical examination, there are crackles heard bilaterally on lung auscultation, jugular venous distention, and an enlarged liver. Echocardiography reveals decreased left ventricular ejection fraction (LVEF) and dilated left ventricle. Which of the following medications would be most appropriate to initiate in this patient?

- A. Furosemide
- B. Metoprolol
- C. Digoxin
- D. Lisinopril

Answer: D

Explanation: The patient's symptoms, physical examination findings, and echocardiography results are indicative of heart failure with reduced ejection fraction (HFrEF). The most appropriate medication to initiate in this patient would be an angiotensin-converting enzyme (ACE) inhibitor, such as lisinopril. ACE inhibitors have been shown to improve symptoms, reduce hospitalizations, and improve survival in patients with HFrEF. Option A (furosemide) is a loop diuretic that can be used to manage fluid overload in heart failure but does not directly address the underlying pathophysiology. Option B (metoprolol) is a beta-blocker that is also commonly used in the management of heart failure, but ACE inhibitors are typically initiated first. Option D (digoxin) may be considered in certain cases of heart failure to improve symptoms, but it is not the initial medication of choice and is often used as an adjunctive therapy.

Question: 9

A 25-year-old female presents with complaints of a sore throat, fever, and swollen tonsils. On physical examination, her temperature is 101°F, and there are enlarged and erythematous tonsils with white exudates. The patient's cervical lymph nodes are also enlarged and tender. Which of the following is the most appropriate next step in management?

- A. Throat culture
- B. Rapid antigen streptococcal test
- C. Empiric antibiotic therapy
- D. Symptomatic management with analgesics and fluids

Answer: B

Explanation: The patient's symptoms and physical examination findings are suggestive of acute pharyngitis, and the most likely etiology is group A streptococcal infection (strep throat). The most appropriate next step in

management would be to perform a rapid antigen streptococcal test. This test provides rapid results, usually within minutes, and has a high specificity for detecting group A streptococcal infection. A positive test result would support the diagnosis of strep throat and indicate the need for antibiotic therapy. If the rapid antigen test is negative, a throat culture (option B) may be considered to confirm the diagnosis in certain cases. Empiric antibiotic therapy (option C) should only be initiated if the rapid antigen test or throat culture results are positive. Symptomatic management with analgesics and fluids (option D) can be implemented to provide relief of symptoms while awaiting test results.

Question: 10

A 35-year-old female presents with a chief complaint of persistent fatigue and weight gain over the past few months. She reports feeling cold all the time, constipation, and dry skin. On physical examination, her heart rate is 60 bpm, blood pressure is 130/80 mmHg, and there is diffuse hair loss. Laboratory tests reveal an elevated thyroid-stimulating hormone (TSH) level and a low free thyroxine (FT4) level. What is the most likely diagnosis?

- A. Hypothyroidism
- B. Hyperthyroidism
- C. Cushing's syndrome
- D. Addison's disease

Answer: A

Explanation: The patient's symptoms of fatigue, weight gain, feeling cold, constipation, dry skin, and diffuse hair loss, in addition to the laboratory findings of elevated TSH and low FT4 levels, are consistent with hypothyroidism. Hypothyroidism is a condition in which the thyroid gland does not produce enough thyroid hormones. This can lead to a slowing down of bodily functions, resulting in the symptoms described. Option B

(hyperthyroidism) would present with different symptoms such as weight loss, anxiety, heat intolerance, and increased heart rate. Options C (Cushing's syndrome) and D (Addison's disease) are unrelated conditions that would present with different clinical features and laboratory findings.

Question: 11

A 50-year-old male patient presents with complaints of chest pain that worsens with exertion and improves with rest. He has a history of smoking, hypertension, and dyslipidemia. On physical examination, his blood pressure is 150/90 mmHg, heart rate is 80 bpm, and there are no abnormal cardiac sounds. Which of the following diagnostic tests would be most appropriate to confirm the suspected diagnosis?

- A. 12-lead electrocardiogram (ECG)
- B. Chest X-ray
- C. Exercise stress test
- D. Coronary angiography

Answer: C

Explanation: Given the patient's symptoms of exertional chest pain and risk factors for cardiovascular disease, the most appropriate next step to confirm the suspected diagnosis of coronary artery disease (CAD) would be an exercise stress test. An exercise stress test is a non-invasive diagnostic test that evaluates the heart's response to increased workload and can help identify any exercise-induced abnormalities in cardiac function or blood flow. This test is commonly used as an initial screening tool for suspected CAD. Options A and B (12-lead ECG and chest X-ray) may provide useful information but are not specific for diagnosing CAD. Option D (coronary angiography) is an invasive procedure and is typically reserved for cases where non-invasive testing results are inconclusive or when intervention such as angioplasty or stenting is being

considered.

Question: 12

A patient presents with a chief complaint of abdominal pain. On physical examination, rebound tenderness is noted in the right lower quadrant. The most likely diagnosis is:

- A. diverticulitis
- B. cholecystitis
- C. acute appendicitis
- D. gastritis

Answer: C

Explanation: The presence of rebound tenderness in the right lower quadrant is highly indicative of acute appendicitis. This is a classic finding associated with inflammation of the appendix. Cholecystitis typically presents with right upper quadrant tenderness and is associated with gallbladder inflammation. Diverticulitis commonly presents with left lower quadrant pain. Gastritis may cause abdominal pain, but it does not typically present with rebound tenderness.

Question: 13

A patient presents with fatigue, weight gain, constipation, and cold intolerance. Physical examination reveals dry skin, bradycardia, and delayed deep tendon reflexes. The most likely diagnosis is:

- A. hyperthyroidism
- B. diabetes mellitus

- C. hypothyroidism
- D. Cushing's syndrome

Answer: C

Explanation: The constellation of symptoms, including fatigue, weight gain, constipation, cold intolerance, dry skin, bradycardia, and delayed deep tendon reflexes, is highly suggestive of hypothyroidism. Hypothyroidism is characterized by decreased thyroid hormone production, leading to a slowing down of the body's metabolism. Hyperthyroidism, on the other hand, is characterized by increased thyroid hormone production and typically presents with symptoms such as weight loss, heat intolerance, and tachycardia. Diabetes mellitus and Cushing's syndrome are not associated with the specific symptoms and physical examination findings mentioned in the question stem.

Question: 14

A patient presents with sudden onset severe chest pain radiating to the back. On physical examination, blood pressure in the right arm is significantly higher than in the left arm, and absent femoral pulses are noted. The most likely diagnosis is:

- A. acute myocardial infarction
- B. aortic dissection
- C. pulmonary embolism
- D. tension pneumothorax

Answer: B

Explanation: The presentation of sudden onset severe chest pain radiating to the back, significant blood pressure difference between the arms, and absent

femoral pulses is highly indicative of aortic dissection. Aortic dissection occurs when there is a tear in the inner layer of the aorta, leading to the separation of the layers and potentially compromising blood flow to vital organs. Acute myocardial infarction typically presents with chest pain but does not typically cause significant blood pressure differences or absent pulses. Pulmonary embolism may cause chest pain, but it does not typically radiate to the back or cause differences in blood pressure. Tension pneumothorax presents with sudden-onset chest pain and respiratory distress but does not cause significant blood pressure differences or absent pulses.

Question: 15

A 60-year-old male patient presents with complaints of frequent urination, increased thirst, and unexplained weight loss. On physical examination, his blood pressure is 150/90 mmHg, heart rate is 90 bpm, and there are no abnormal findings on cardiovascular examination. Laboratory tests reveal a fasting blood glucose level of 200 mg/dL [normal = 70-99 mg/dL]. What is the most likely diagnosis?

- A. Type 1 diabetes mellitus
- B. Type 2 diabetes mellitus
- C. Gestational diabetes
- D. Cushing's syndrome

Answer: B

Explanation: The patient's symptoms of frequent urination, increased thirst, unexplained weight loss, and the laboratory findings of an elevated fasting blood glucose level are indicative of diabetes mellitus. Given the patient's age and the absence of other specific factors suggesting an alternative diagnosis, the most likely diagnosis is type 2 diabetes mellitus. Type 1 diabetes mellitus (option A) typically presents at a younger age and is characterized by the

autoimmune destruction of pancreatic beta cells, leading to insulin deficiency. Gestational diabetes (option C) occurs during pregnancy and is not applicable to this patient. Option D (Cushing's syndrome) is unrelated to the symptoms and laboratory findings described.

Question: 16

A patient presents with sudden-onset severe headache, nausea, vomiting, and photophobia. On physical examination, nuchal rigidity is noted. The most appropriate next step in management is:

- A. perform a lumbar puncture
- B. order a head CT scan without contrast
- C. administer intravenous fluids
- D. start empiric treatment with antibiotics

Answer: A

Explanation: The presentation of sudden-onset severe headache, nausea, vomiting, photophobia, and nuchal rigidity is highly suggestive of meningitis. The most appropriate next step in management is to perform a lumbar puncture to obtain cerebrospinal fluid (CSF) for analysis. CSF analysis can help confirm the diagnosis and determine the specific etiology of meningitis. Administering intravenous fluids may be necessary but does not address the underlying cause. Ordering a head CT scan without contrast may be considered if there are contraindications to lumbar puncture or if there is concern for increased intracranial pressure. Starting empiric treatment with antibiotics may be considered after obtaining CSF samples but should not be the initial step.

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