

### VERSION A

D. is a 59-year-old female who has been followed for several years for aortic regurgitation.

Serial echocardiography has demonstrated normal ventricular function, but the patient was lost to follow-up for the last 16 months and now presents complaining of activity intolerance and weight gain. Physical examination reveals a grade IV/VI diastolic aortic murmur and 2+ lower extremity edema to the midcalf. The AGACNP considers which of the following as the most appropriate management strategy?

A. Serial echocardiography every 6 months

B. Begin a calcium channel antagonist

C. Begin an angiotensin converting enzyme (ACE) inhibitor

D. Surgical consultation and intervention

### Question 2

An ascending thoracic aneurysm of  $> 5.5$  cm is universally considered an indication for surgical repair, given the poor outcomes with sudden rupture. Regardless of the aneurysm's size, all of the following are additional indications for immediate operation except:

A. Comorbid Marfan's syndrome

B. Enlargement of  $> 1$  cm since diagnosis

C. Crushing chest pain

D. History of giant cell arteritis

### Question 3

Jasmine is a 31-year-old female who presents with neck pain. She has a long history of injection drug use and admits to injecting opiates into her neck. Physical examination reveals diffuse tracking and scarring. Today Jasmine has a distinct inability to turn her neck without pain, throat pain, and a temperature of 102.1°F. She appears ill and has foul breath. In order to evaluate for a deep neck space infection, the AGACNP orders:

A. Anteroposterior neck radiography

B. CT scan of the neck

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C. White blood cell (WBC) differential

D. Aspiration and culture of fluid

### Question 4

Mr. Draper is a 39-year-old male recovering from an extended abdominal procedure. As a result of a serious motor vehicle accident, he has had repair of a small bowel perforation, splenectomy, and repair of a hepatic laceration. He will be on total parenteral nutrition postoperatively. The AGACNP recognizes that the most common complications of parenteral nutrition are a consequence of:

A. Poorly calculated solution

B. Resultant diarrhea and volume contraction

C. The central venous line used for infusion

D. Bowel disuse and hypomotility

## Question 5

Mr. Mettenberger is being discharged following his hospitalization for reexpansion of his second spontaneous pneumothorax this year. He has stopped smoking and does not appear to have any overt risk factors. While doing his discharge teaching, the AGACNP advises Mr. Mettenberger that his current risk for another pneumothorax is:

A. < 10%

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B. 25-50%

C. 50-75%

D. > 90

## Question 6

One of the earliest findings for a patient in hypovolemic shock is:

A. A drop in systolic blood pressure (SBP) < 10 mm Hg for > 1 minute when sitting up

B. A change in mental status

C. SaO<sub>2</sub> of < 88%

D. Hemoglobin and hematocrit (H&H) < 9 g/dL and 27%

Question 7

Traumatic diaphragmatic hernias present in both acute and chronic forms. Patients with a more chronic form are most likely to be present with:

A. Respiratory insufficiency

B. Sepsis

C. Bowel obstruction

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D. Anemia

Question 8

The AGACNP is managing a patient in the ICU who is being treated for a pulmonary embolus. Initially the patient was stable, awake, alert, and oriented, but during the last several hours the patient has become increasingly lethargic. At change of shift, the oncoming staff nurse appreciates a profound change in the patient's mental status from the day before. Vital signs and hemodynamic parameters are as follows: BP 88/54 mm Hg Pulse 110 bpm Respiratory rate 22 breaths per minute SaO<sub>2</sub> 93% on a 50% mask Systemic vascular resistance (SVR) 1600 dynes ·