

QUESTION 1

1. The AGACNP is called to the bedside for a patient who is in cardiopulmonary arrest. The monitor demonstrates ventricular fibrillation which will not convert despite several attempts to defibrillate at maximal voltage. While being briefed by the staff nurse on the patient medical history, he learns that the patient has a history of Cushing's syndrome. The AGACNP recognizes that the patient is probably failing to convert due to:

- A Advanced atherosclerotic
. disease
- B Hypokalemia**
- .
- C Hypocalcemia
- .
- D Catecholamine excess
- .

1 points	
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QUESTION 2

1. Ms. Schiebel, a 31-year-old female who is brought to the emergency department by police after being arrested for disruptive behavior in a public establishment. The differential diagnosis includes drug and alcohol ingestion/toxicity, central nervous system disease, severe trauma, and psychotic illness; ultimately the alcohol and toxicology screen as well as head imaging are negative. When considering psychotic illness, the AGACP knows that this is a physiologic imbalance that typically involves an excess of:

- A Serotonin
- .
- B Norepinephr
. ine
- C Acetylcholin
. e
- D Dopamine**
- .

1 points	
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QUESTION 3

1. A patient presents with profound vertigo of acute onset yesterday. She can barely turn her head without becoming very vertiginous; she is nauseous and just doesn't want to move. This morning when she tried to get out of bed she felt like she was pushed back down. The vertigo is reproducible with cervical rotation. The patient denies any hearing loss or tinnitus, she has no fever or other symptoms. The AGACNP knows that the most helpful intervention will probably be:

- A Meclizine

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B Diazepam

.
C Bed rest

.
D Epley's
maneuvers

1 points

QUESTION 4

1. Mr. Truman is transferred to the emergency department by ambulance. His wife called 911 this morning because he was acting “funny” when he woke up. Both the patient and his wife went to bed last night at approximately 10:30 and everything was normal. This morning he could not communicate orally and seemed confused about how to ambulate. Upon arrival to the emergency department his vital signs are as follows: Temperature 100.9° F, pulse 89 b.p.m., respirations 14 b.p.m. and blood pressure 168/94 mm Hg. A non-contrast CT scan of the head reveals thrombotic CVA. The AGACNP know that immediate management of this patient should include:

A Thrombolyt

. ics

B IV

. vasodilator

s

C Aspirin

.
D Antiepilepti

. cs

1 points

QUESTION 5

1. A 13-year-old male presents with a chief complaint of ear drainage. The patient and his mother both indicate that the patient has not had any pain or any systemic complaints, but the pus-like discharge from the ear is very persistent. According to Mom they went to a retail clinic two weeks ago and the patient was prescribed both oral antibiotics and ear drops, but it didn't help. Physical exam of the ear reveals a painless pinna; otoscope exam reveals only a large amount of mucopurulent drainage—the tympanic membrane could not be visualized. The AGACNP knows the diagnosis is most likely:

A Acute otitis media

.
B Acute otitis externa

.
C Cholesteatoma

.
D Otitis media with

. effusion