1. **Which of the following statements best describes a differential diagnosis list?**

    - It is a list of potential/plausible diagnoses that may be causing the patient's signs and symptoms.

2. A 66-year-old female presents to the primary care office with complaints of jaw pain, fatigue, and nausea for the last 48 hours. **What course of action is appropriate in the treatment of this patient?**

    - Recognize these could be atypical symptoms of acute coronary syndrome and proceed accordingly

3. **In an adult over the age of 40, an S3 assessment finding on cardiac auscultation may be indicative of what? Select all that apply.**

    - Heart failure
    - Normal for athletes-
    - Ventricular volume overload from aortic or mitral regurgitation

4. A 72-year-old male is admitted to intensive care from the Emergency Room for the initial complaint of chest pain. After the history and physical examination, the NP documents the following cardiovascular findings:
   JVP is 5 cm above the sternal angle with the head of the bed elevated to 50°. Carotid upstrokes are brisk; a bruit is heard over the lek carotid artery. The PMI is diffuse, 3 cm in diameter, palpated at the anterior axillary line in the fikh and sixth intercostal spaces. S1 and S2 are sok. S3 is present at the apex. High-pitched harsh 2/6 holosystolic murmur best heard at the apex, radiating to the axilla. ***Which of the following possible diagnoses is based on the accurate interpretation of the assessment findings?***

    - These findings suggest heart failure.

5. A 76-year-old male presents to the office for a routine physical examination. The NP documents the following skin findings:
   Decreased elasticity with multiple lentiginous macules on habitually sun-exposed skin. Multiple, discrete, brown, stuck-on, non-indurated, verrucous plaques on the back and abdomen varying from 1-2 centimeters.
   Which of the following is the most accurate interpretation of these findings?

    - These findings suggest seborrheic keratoses.

6. A 14-year-old male presents to the clinic with his grandmother for a complaint of a sore throat. The patient is afebrile and denies cough. After completing the history and physical examination, the NP documented the following partial assessment findings:

Throat—Oral mucosa pink, dental caries in lower molars, tongue midline, uvula, and pharynx erythematous, bilateral tonsils enlarged, no exudates.
Neck—Trachea midline. Neck supple; thyroid isthmus midline, lobes palpable but not enlarged. Lymph Nodes—Submandibular and anterior cervical lymph nodes tender, 1 cm × 1 cm, rubbery and mobile; no posterior cervical, epitrochlear, axillary, or inguinal lymphadenopathy.
Which of the following is the most accurate interpretation of the findings?

- These findings suggest pharyngitis.

7. The NP is assuming care for a 56-year-old female resident of a long-term assisted living facility. The woman is seated in a wheelchair next to a window in her private room. After completing the history and physical examination, the NP documented the following mental status findings:

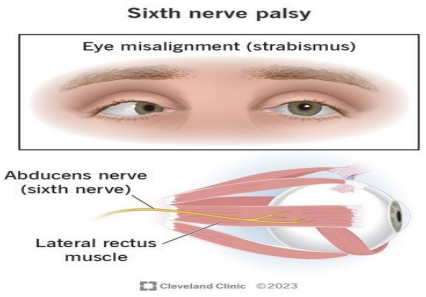
The patient appears sad and fatigued; clothes are wrinkled. Speech is slow and words are mumbled. Thought processes are coherent, but insight into current life reverses is limited. The patient is oriented to person, place, and time. Digit span, serial 7s, and calculations accurate, but responses delayed. Clock drawing is good.
Which of the following is the most accurate interpretation of the findings?

- These findings suggest depression.

8. The NP conducted a physical assessment on a 74-year-old male with a complaint of shortness of breath. His history is significant for a 20 pack-year history of smoking. He uses 2 inhalers daily (medication unknown) but did not bring them with him to his appointment. The documentation for the respiratory findings is as follows:
Which of the following is the most accurate interpretation of the findings?

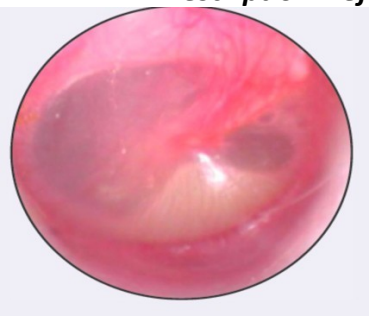
- These findings suggest COPD.

9. A 28-year-old female presents to the office for an annual physical examination. The NP is evaluating the cranial nerves (CNs) while assessing the eyes. The findings are represented in this image. **Damage or inflammation of which of the following cranial nerve(s) is demonstrated in this image?**
ADA Description: Eyes looking right and looking left.



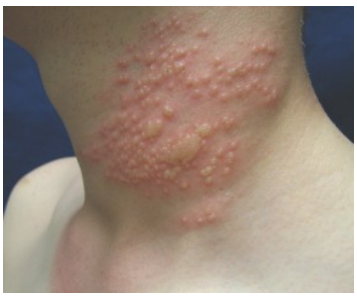
- CNVI

10. **Otoscopic examination of the patient's left ear reveals the assessment findings represented in this image. What is the best documentation for the assessment findings of the tympanic membrane and external auditory canal?**
ADA Description: Left ear, tympanic membrane, and external canal.



- Bulging TM with yellow, purulent, fluid level. Erythematous, edematous, external canal without exudate.

11. **A 44-year-old female presents with a painful skin rash on her neck for several days (see image). How would you best document the integumentary findings?**
ADA Description: Rash on the neck.



- Grouped, 2-5 mm vesicles on erythematous base on left anterior neck in a dermatomal distribution that does not cross the midline.

12. An NP is caring for a patient with depression. The patient reports not feeling suicidal although still depressed on their current regimen of medication. **Documenting the lack of suicidal ideation is an example of what important aspect of clinical documentation?**

- Including pertinent negatives

13. The NP is establishing rapport with a patient during an initial encounter and prepares to ask the patient how they would like to be addressed. **What additional consideration should the NP acknowledge when asking patients about their pronouns?**

- When asking patients about their own pronouns, it can be helpful to share your own.

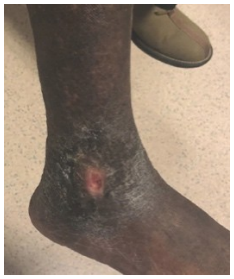
14. Orthopnea and paroxysmal nocturnal dyspnea (PND) generally occur in the following conditions? Select all that apply.

- Left ventricular heart failure
- Mitral stenosis
- Obstructive lung disease

15. A 19-year-old male sustained a laceration to the ulnar aspect of his mid-forearm. He did not have his injury evaluated at that time and is now noticing purulent discharge and increasing pain from the wound along with fever and chills. **Where would the NP expect to find the first signs of lymphadenopathy?**

- epitrochlear nodes

16. An NP is evaluating a 74-year-old female for an open wound on the right lower leg (see image). She denies injury and reports the wound is very painful. On examination, the NP does not note any odor from the wound or increased warmth with palpation. Based on history and physical examination**, which of the following most likely explains her signs and symptoms?**
ADA Description: Right, lower leg with open wound above the lateral ankle



- Chronic venous insufficiency

17. A 42-year-old male complains of pain in his left leg. He does not remember injuring his leg; however, he notes that there is a small wound on the lateral aspect of his mid-shin. Upon examination, some mild erythema surrounding the wound and flat, nonpalpable red streaks progressing up his leg are noted. **What do these streaks likely represent?**

- Draining lymphatic channels-unsure

18. A 61-year-old female was recently diagnosed with ovarian cancer. She has not been feeling well lately and presents to the clinic with a cough and some mild shortness of breath for the past couple of days as well as worsening pain and swelling in her right groin and leg for about a week. On physical examination, 2+ edema of the right leg up to the thigh; 1+ femoral, popliteal, dorsalis pedis, and posterior tibial pulses; and no significant erythema are noted. Based on the history and symptomatology, **the NP should consider which high-risk differential diagnosis?**