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

A. It is a list of planned interventions for the problems assessed during the visit.
B. It is the list of concerns brought to the appointment by the patient.
C. It is a list of different diagnoses experienced by the patient in the past.
D. It is a list of potential/plausible diagnoses that may be causing the patient's signs and symptoms.
E. It is a list of diagnoses that have already been ruled out as causes for the chief complaint.

2. **A 66 y.o 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?**

a. Refer the patient to an otolaryngologist to evaluate for jaw pain.
b. Prescribe the medication for the jaw pain and nausea and reevaluate in 2-3 days.
c. Order x-rays of the jaw and abdomen to further evaluate.
d. Recognize these could be atypical symptoms of acute coronary syndrome and proceed accordingly.
e. Order screening blood work to evaluate for thyroid disease.

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

a. anemia
b. myocardial infarction
c. heart failure
d. normal for athletes Downloaded by
e. ventricular volume overload from aortic or mitral regurgitation

4. **A 72 y.o male is admitted to ICU from the ED for the initial complaint of chest pain. After the history and physical examination, the NP documents the following CV findings: JVP is 5 cm above the sternal angle with the HOB elevated to 50º. Carotid upstrokes are brisk; a bruit is heard over the left carotid artery. The PMI is diffuse, 3 cm in diameter, palpated at the anterior axillary line in the intercostal spaces. S1 and S2 are soft. 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 diagnosis is based on the accurate interpretation of the assessment findings?**

a. These findings suggest heart failure.
b. These findings suggest previous myocardial infarction.
c. These findings suggest right carotid occlusion.
d. These findings suggest mitral stenosis.
e. These findings suggest aortic aneurysm

5. **A 76 y.o 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 cm.**
Which of the following is the most accurate interpretation of these findings?

a. These findings suggest seborrheic keratoses.
b. These findings suggest actinic keratoses.
c. These findings suggest malignant melanoma.
d. These findings suggest lichen planus.
e. These findings suggest psoriasis.

6. **A 14 y.o male presents to the clinic with his grandmother for a complaint of 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 x 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?

a. These findings suggest pharyngitis.
b. These findings suggest tonsillar abscess.
c. These findings suggest lymphoma.
d. These findings suggest mononucleosis.
e. These findings suggest upper respiratory illness.

7. **The NP is assuming care for a 56 y.o 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 a history and physical examination, the NP documented the following mental status findings: the patient appears to be 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?**

a. These findings suggest depression.
b. These findings suggest anxiety.
c. These findings suggest mood disorder.
d. These findings suggest a neurocognitive disorder.
e. These findings suggest intellectual disability.

8. **The NP conducted a physical assessment on a 74 y.o male with a complaint of SO His history is significant for a 20-pack-year smoking history. He uses 2 inhalers daily (med unknown) but did not bring them with him to his appointment. The documentation for the respiratory findings are as follows: thorax symmetric with moderate kyphosis and increased AP diameter, decreased expansion. Lungs are hyperresonant. Breath sounds distant with delayed expiratory phase and scattered expiratory wheezes. Fremitus decreased; no bronchophony, egophony, or whispered pectoriloquy. Diaphragm descends 2 cm bilaterally. Which of the following is the most accurate interpretation of the findings?**

a. These findings suggest COPD
b. These findings suggest pneumonia.
c. These findings suggest asthma.
d. These findings suggest chronic bronchitis.
e. These findings suggest left-sided heart failure

9. **A 28 y.o female presents to the office for an annual physical exam. The NP is evaluating the cranial nerves 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?**

a. ADA Description: Eyes looking right and looking left.
b. CN II
c. CN III
d. CN IV
e. CN V
f. CN VI

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

a. ADA Description: Left ear, tympanic membrane, and external canal.
b. Bulging TM with gray, translucent appearance. No effusion. Nonerythematous external canal without exudate.
c. Retracted TM with gray, translucent appearance. No effusion. Erythematous, edematous, external canal without exudate.
d. Retracted TM. Effusion with amber fluid. Non-erythematous external canal without exudate. Bulging TM with yellow, purulent, fluid level. Erythematous, edematous, external canal without exudate.
e. Bulging TM with yellow, translucent fluid. Non-erythematous external canal without exudate

11. **A 44 y.o female presents with a painful skin rash on her neck for several days. How would you best document**

the integumentary findings? ADA Description: Rash on the neck.

a. grouped, 2-5 mm vesicles on erythematous base on left anterior neck in a dermatomal distribution that does not cross the midline
b. clustered, yellow 2-5 mm pustules involving the skin creases of the left anterior neck
c. scattered, 3-6 mm erythematous papules and vesicles with transudate crust, some with linear arrays, on left neck and chest
d. multiple, discrete 3–6 mm erythematous pustules with a 1 cm central bulla on the left anterior neck and upper chest
e. scattered, erythematous round drop-like, flat-topped, wellcircumscribed scaling papules on the left anterior neck 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 medications. Documenting lack of suicidal ideation is an example of what important aspect of clinical documentation?**

a. including pertinent negatives
b. including sufficient detail to support the diagnosis and plan
c. including pertinent positives
d. keeping a neutral and professional tone
e. establishing a problem list

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?**

a. Patients will likely feel uncomfortable with gender identification questions.
b. When asking patients about their own pronouns, it can be helpful to share your own.
c. Addressing patients using depersonalized names can avoid conflict or uncomfortable feelings during the clinical encounter.
d. Children are less likely to share how they prefer to be addressed.
e. You should select the pronoun that best matched the person's physical appearance.

14. **Orthopnea and paroxysmal nocturnal dyspnea generally occur in the following conditions. Select all that apply.**

a. left ventricular heart failure
b. mitral stenosis
c. obstructive lung disease
d. pulmonary embolus
e. spontaneous pneumothorax

15. **A 19-year-old male sustained a laceration to the ulnar aspect of his midforearm. 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?**

a. anterior cervical chain nodes
b. central axillary nodes
c. lateral axillary nodes
d. epitrochlear nodes
e. infraclavicular nodes

16. **A NP is evaluating a 74 y.o female for an open wound on the right lower leg. 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 exam, which of the following most likely explains her s/sx? ADA Description: Right, lower leg with open wound above the lateral ankle**

a. chronic venous insufficiency
b. peripheral artery disease
c. gangrenous wound
d. chronic atrial insufficiency
e. neuropathic ulcer

17. **A 42 y.o male complains of pain in his left leg. He does not remember injuring his leg; however, he notes 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 the streaks likely represent?**

a. thrombus formation in a superficial vein
b. draining lymphatic channels
c. dilated arterioles
d. dilated veins secondary to incompetent valves
e. occluded arterial vessels

18. **A 61 y.o female was recently diagnosed with ovarian cancer. She has not been feeling well lately and presents to the clinic with a cough and mild SOB 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 history and symptoms, the NP should consider which of the following high- risk differential diagnoses?**

a. acute lymphangitis
b. ovarian metastasis
c. pulmonary embolism
d. acute arterial occlusion
e. superficial thrombophlebitis

19. **When assessing for the femoral pulse, between which anatomical landmarks should the NP begin deeply palpating?**