



FNP/AGPCNP Review Course & Clinical Update

Course Manual | 2025





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Education Associates**
AN ATI BRAND

2025 FNP/AGPCNP Intensive Review

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**Note for AGPCNP NP Students and Practitioners:* This content is not needed for your exam or practice. You may disregard Chapter 19 Pediatrics Supplement and Chapter 20 Pediatric Growth and Development. All other chapters are relevant.

About APEA

Advanced Practice Education Associates (APEA), an ATI brand, provides learning solutions that develop confident nurse practitioners who deliver safe and effective healthcare. APEA's comprehensive learning products span 6 NP specialties and have prepared more than 157,000 NPs for national certification exam success. The range of solutions encompasses core content, assessments, exam prep, and continuing education. APEA improves student and program outcomes with evidence-based, valid and reliable learning solutions developed with guidance from an experienced team of educators and psychometric professionals. APEA and ATI are at the forefront of nursing education as innovators and trusted advisors that consistently drive nursing success. For more information, visit www.apea.com.

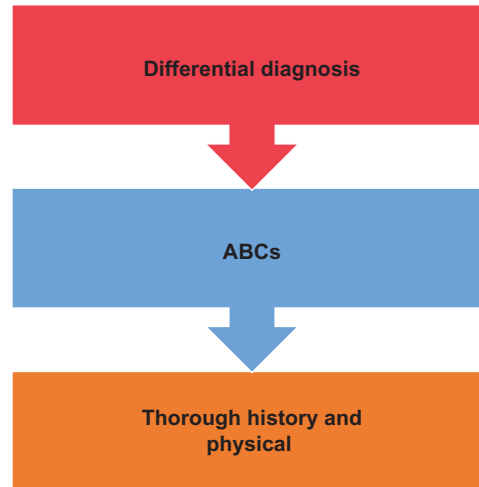
CHAPTER 2

Pulmonary Disorders

OVERVIEW

- DDx of Pulmonary Symptoms
 - Acute Bronchitis
 - Community Acquired Pneumonia
 - COPD
 - Lung Cancer Screening
 - Asthma
-

NOTES

A 58-Year-Old Male Presents With a Chief Complaint of Cough**Chief Complaint: Cough**

- Consider OLDCARTS
 - Acute vs. chronic?
 - Associated symptoms?
- Wide Differential Diagnosis
 - Respiratory—infection, inflammation, tumors, postnasal drip, foreign body
 - Cardiovascular—heart failure, aortic aneurysm
 - Gastrointestinal—GERD
 - Medication side effects—ACE-inhibitors

Differential Diagnosis: SOB/Dyspnea

Descriptors and possible disease states:

- Increased work/effort → COPD, asthma, myopathy
- Need to breathe “air hunger” → HF, PE, asthma, COPD
- Heaviness/tightness in chest → asthma, cardiac ischemia
- Airless/suffocating → pulmonary edema
- Limited due to tightness/constriction → asthma, MI
- Effort increases breathlessness → deconditioning

Let’s take care of some patients!

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QUESTION #1

An otherwise healthy adult presents with cough and congestion. Acute bronchitis is diagnosed. What should be done next?

1. Prescribe ciprofloxacin.
2. Order a chest x-ray with posterior-to-anterior (PA) and lateral views.
3. Administer a prednisone injection.
4. Encourage rest and fluids.

Planning



QUESTION #2

A patient is evaluated with a cough, myalgia, and fever. Influenza is considered in the differential diagnosis. The best test to screen for influenza is the one with:

1. high sensitivity.
2. low sensitivity.
3. high specificity.
4. low specificity.

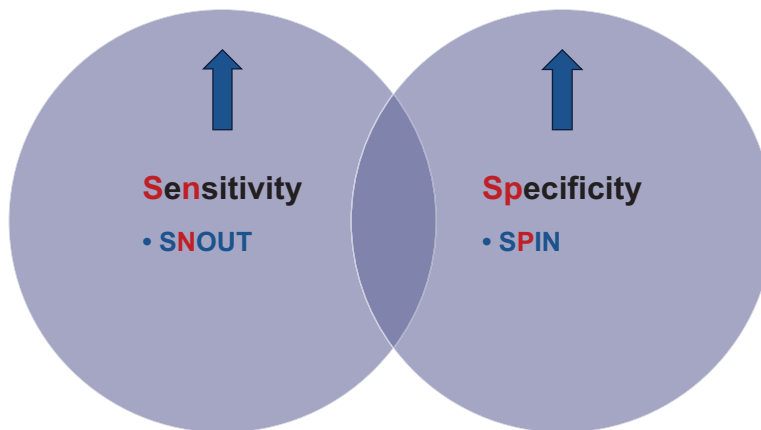
Assessment



SENSITIVITY & SPECIFICITY

True Positive = Confident the patient is **NEGATIVE** for the disease
Fewer false **N**egatives

True Negative = Confident the patient is **POSITIVE** for the disease
Fewer false **P**ositives



QUESTION #3

A 67-year-old patient has pneumonia. What finding is expected on the patient's chest radiographic interpretation?

1. Pulmonary congestion
2. Cavitating opacities
3. Lobar infiltrates
4. Hilar enlargement

Assessment

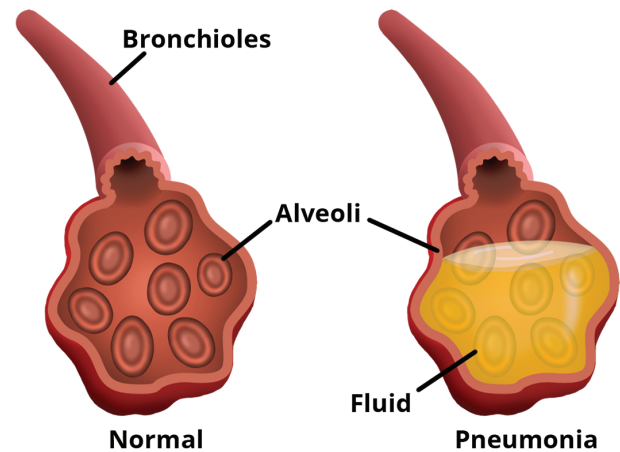


TIP: Exam questions that contain images on the exam will include additional information.

NOTES

Community-Acquired Pneumonia (CAP)

- Acquired outside of hospital!
- Major cause of morbidity and mortality
- Risk factors
 - Older age
 - Chronic comorbidities
 - Viral respiratory infections
 - Impaired airway protection
 - Smoking, alcohol excess
 - Environmental factors
- Toxins
- Social determinants of health



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Inpatient vs. Outpatient Treatment

CURB-65: Predicts Mortality

- C = Confusion
- U = BUN >19 mg/dL
- R = Respiratory rate ≥ 30
- B = Blood pressure (SBP <90 or DBP <60 mm Hg)
- Age ≥ 65 years of age

CURB-65 Score	Recommendation
0-1	Low risk; consider outpatient treatment
2	Short inpatient hospitalization or close monitoring of outpatient treatment
3-5	Severe pneumonia; inpatient treatment

QUESTION 4

An otherwise healthy 58-year-old has community-acquired pneumonia (CAP). He denies shortness of breath.

BP 126/72 mm Hg

HR 82/min

RR 18/min

Temp 38.8°C (101.8°F)

BMI 23

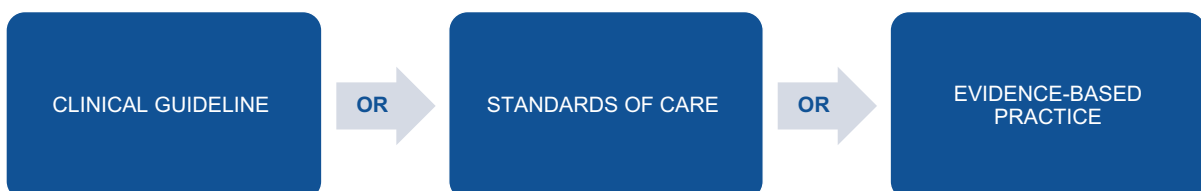
Planning



How does the NP know which antibiotic to prescribe?

What Does the Evidence Say?

ALWAYS answer exam questions based on one of the following:



Evidence-Based Strategy for Outpatient Pneumonia Treatment

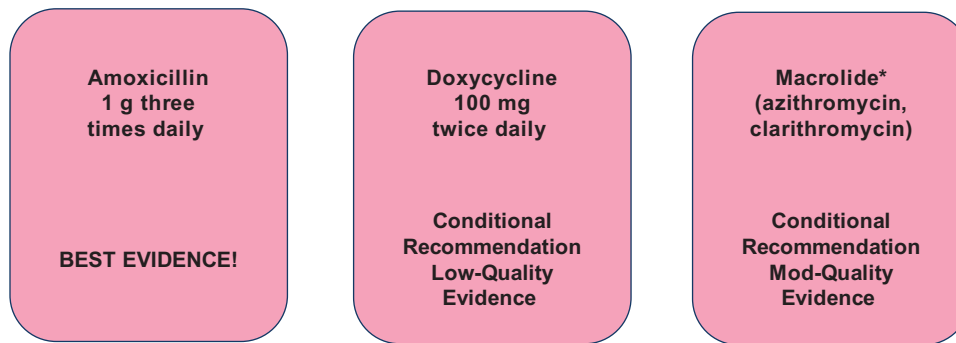
ATS/IDSA Clinical Guideline on Community Acquired Pneumonia Oct 2019

TIP: Clinical guidelines published more than 12 months ago are fair game for the exam.

<https://www.atsjournals.org/doi/full/10.1164/rccm.201908-1581ST>

ATS/IDSA Guidelines for CAP

Healthy Outpatient Adults Without Comorbidities



*Only if local resistance <25%

QUESTION #5

An otherwise healthy 58-year-old has CAP. What antibiotic will you prescribe this patient as first line treatment for CAP?

1. Doxycycline
2. Levofloxacin
3. Amoxicillin
4. Azithromycin

Planning



QUESTION #6

A 52-year-old patient with CAP has a penicillin allergy (hives). Which evidence-based alternative is preferred?

1. Doxycycline 100 mg twice daily
2. Levofloxacin 750 mg daily
3. Cefpodoxime 200 mg twice daily
4. Azithromycin 500 mg × 1 dose, then 250 mg daily

Planning



QUESTION #7

A patient began a 5-day course of doxycycline for CAP 2 days ago. She now has severe diarrhea and dyspepsia. What should be done?

1. Order a chest x-ray.
2. Discontinue doxycycline and start amoxicillin
3. Advise to take increase oral fluid intake
4. Continue doxycycline and order a PPI

Evaluation



TIP: When changing between two effective antibiotics, complete the course (don't extend it).