

# FNP Certification Study Guide

200+ High-Yield Clinical Concepts for the Family Nurse  
Practitioner Exam

TemplateForge

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# FNP Certification Study Guide -- High-Yield Clinical Concepts

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*&Design: Deep navy (#0D3F5E) + gold accent*

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# How to Use This Guide

The Family Nurse Practitioner (FNP) board exam evaluates the clinical knowledge and judgment an advanced-practice nurse needs to provide comprehensive primary care across the lifespan. It is a computer-based, multiple-choice examination testing health assessment, clinical management across adult, pediatric, women's, and geriatric populations, pharmacology, differential diagnosis, and professional/ethical practice. This workbook distills the highest-yield clinical concepts into plain, original language you can drill and recall quickly. Work through the tables to test yourself on definitions, key facts, and the clinical decision-making the exam rewards. This is a study aid -- pair it with your NP program materials, clinical practice guidelines, and the official ANCC/AANP test content outlines for full preparation.

## PART 1 -- THE FNP CERTIFICATION & CLINICAL FOUNDATIONS (10 Concepts)

Know the credential, the exam, and the core clinical-reasoning framework of advanced practice nursing.

| # | Term                            | Key Facts                                                                                                                                                                                                   | Strategy Tip                                                          | Example                                                                    |
|---|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1 | Family Nurse Practitioner (FNP) | An advanced-practice registered nurse (APRN) who provides comprehensive primary care across the lifespan, including health promotion, screening, diagnosis, and management of acute and chronic conditions. | Think of the FNP as a primary-care provider for patients of all ages. | An FNP sees infants, adults, and older adults in a family practice clinic. |
| 2 | ANCC FNP-BC                     | Certification offered by the American Nurses Credentialing Center (ANCC); the credential is                                                                                                                 |                                                                       |                                                                            |

FNP-BC.

Distinguish  
ANCC (FNP-BC)  
from AANP  
(FNP-C).

A candidate  
takes the ANCC  
exam to earn the  
FNP-BC  
credential.

|   |                               |                                                                                                                                          |                                                              |                                                                                       |
|---|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 3 | AANP FNP-C                    | Certification offered by the American Association of Nurse Practitioners (AANP); the credential is FNP-C.                                | Both ANCC and AANP certify FNPs; requirements differ.        | A candidate takes the AANP exam to earn the FNP-C credential.                         |
| 4 | APRN Role                     | The advanced-practice registered nurse role, which requires a graduate degree (MSN or DNP), national certification, and state licensure. | The FNP has already graduated from an accredited NP program. | A candidate who completes a DNP program becomes eligible for FNP certification.       |
| 5 | Scope of Practice             | The range of services an FNP may provide, defined by state law, education, and national certification.                                   | Scope varies by state; know your state's regulations.        | Some states require collaborative agreements while others allow independent practice. |
| 6 | Evidence-Based Practice (EBP) | Using the best available research evidence, clinical expertise, and patient values to guide clinical decisions.                          | Prioritize interventions supported by strong evidence.       | An FNP chooses a screening test supported by current guidelines.                      |
| 7 | Clinical Reasoning            | The cognitive process of gathering data, forming hypotheses, and reaching a differential diagnosis.                                      | Move from data to hypotheses to a prioritized diagnosis.     | An FNP considers several causes of chest pain before deciding the most likely one.    |
| 8 | Health History                | The systematic collection of a patient's past, family, and social history, plus review of systems.                                       | A thorough history guides and focuses the physical exam.     | The FNP asks about medications, allergies, and family history before the exam.        |

|    |                                |                                                                                               |                                                         |                                                                                |
|----|--------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------|
| 9  | Review of Systems (ROS)        | A structured inquiry into symptoms across each body system.                                   | Complete the ROS to avoid missing subtle findings.      | The FNP asks about vision, hearing, and skin changes along with other systems. |
| 10 | Comprehensive vs. Focused Exam | A comprehensive exam covers all body systems; a focused exam targets one system or complaint. | Choose exam depth based on the encounter and complaint. | An annual wellness exam is comprehensive; a sore-throat visit is focused.      |

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## PART 2 -- HEALTH ASSESSMENT & SCREENING

This section covers physical examination, vital signs, and preventive screening across the lifespan.

## Section 2.1: Physical Exam & Vital Signs (12 Concepts)

| # | Term                  | Key Facts                                                                                                        | Strategy Tip                                                      | Example                                                                           |
|---|-----------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | Vital Signs           | Temperature, pulse, respiratory rate, blood pressure, and pain level; baseline assessment of physiologic status. | Take and interpret vitals in context of the patient's baseline.   | An adult with a fever, tachycardia, and tachypnea may have infection.             |
| 2 | Blood Pressure        | The force of blood against arterial walls; measured in systolic/diastolic mmHg.                                  | Confirm elevated readings with repeat measurement per guidelines. | A reading of 150/95 is confirmed on repeat visits before diagnosing hypertension. |
| 3 | Pulse Oximetry        | A noninvasive estimate of oxygen saturation using light absorption.                                              | Interpret SpO2 with the patient's clinical status.                | An SpO2 of 88% in a chronic COPD patient may be their baseline.                   |
| 4 | Body Mass Index (BMI) | Weight/height (kg/m2) used to categorize underweight, normal, overweight, and obesity.                           | Use BMI with other risk factors for a full picture.               | A BMI of 31 classifies a patient as obese and prompts screening.                  |
| 5 | Auscultation          | Listening to body sounds (heart, lungs, bowel) with a stethoscope.                                               | Note the quality, location, and timing of sounds.                 | Crackles in the lung bases suggest possible heart failure.                        |
| 6 | Percussion            | Tapping the body to assess resonance, organ size, and fluid.                                                     | Percussion helps define organ borders and fluid.                  | Dullness over a lung field may indicate consolidation or effusion.                |
| 7 | Palpation             | Using the hands to assess texture, temperature, tenderness, and masses.                                          | Palpate gently and systematically.                                | Abdominal palpation reveals right-lower-quadrant tenderness.                      |
| 8 | Inspection            | Visual examination of the patient and                                                                            |                                                                   |                                                                                   |

body areas.

Inspect before  
palpating to  
avoid altering

findings.

Inspection  
reveals jaundice  
of the skin and

sclera.

|    |                      |                                                                                              |                                                            |                                                                                   |
|----|----------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 9  | Heart Sounds (S1/S2) | S1 is the closing of the AV valves; S2 is the closing of the semilunar valves.               | Note murmurs, rubs, and extra sounds.                      | A blowing systolic murmur may indicate aortic stenosis.                           |
|    |                      |                                                                                              |                                                            |                                                                                   |
| 10 | Lung Sounds          | Breath sounds (vesicular, bronchial, crackles, wheezes) that indicate airflow and pathology. | Wheezes suggest airway narrowing; crackles suggest fluid.  | Expiratory wheezing is classic in asthma.                                         |
|    |                      |                                                                                              |                                                            |                                                                                   |
| 11 | Lymph Node Exam      | Assessing lymph nodes for size, tenderness, and mobility.                                    | Fixed, hard, nontender nodes raise concern for malignancy. | A firm, nonmobile supraclavicular node prompts further investigation.             |
|    |                      |                                                                                              |                                                            |                                                                                   |
| 12 | Neurologic Exam      | Assessing mental status, cranial nerves, motor, sensory, coordination, and reflexes.         | Perform a focused neuro exam based on the complaint.       | A patient with a new headache gets a focused neuro exam including cranial nerves. |
|    |                      |                                                                                              |                                                            |                                                                                   |

## Section 2.2: Preventive Screening & Health Promotion (12 Concepts)

| # | Term                   | Key Facts                                                                                           | Strategy Tip                                                | Example                                                               |
|---|------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|
| 1 | Screening              | Testing for disease in asymptomatic people to enable early detection and treatment.                 | Screen per evidence-based guidelines, not indiscriminately. | A 50-year-old adult is screened for colorectal cancer per guidelines. |
| 2 | USPSTF Recommendations | Evidence-based screening and prevention recommendations from the US Preventive Services Task Force. | Follow current USPSTF grades (A, B, C, D, I).               | An A-rated screening is strongly recommended for eligible patients.   |
| 3 | Cancer Screening       | Regular testing for breast, cervical, colorectal, and other cancers per guidelines.                 | Guide screening by age and risk factors.                    | A woman ages 50-74 receives regular mammography screening.            |
| 4 | Immunizations          | Vaccines that protect against infectious diseases, given per immunization schedules.                | Keep immunizations current across the lifespan.             | An adult receives a tetanus-diphtheria-pertussis (Tdap) booster.      |
| 5 | Health Risk Assessment | Evaluating lifestyle and behavioral risks (smoking, alcohol, inactivity) to guide counseling.       | Screen for and address modifiable risk factors.             | An FNP counsels a smoker about cessation resources.                   |
| 6 | Primary Prevention     | Preventing disease before it occurs (immunizations, healthy habits).                                | Primary prevention acts before disease develops.            | Vaccination prevents influenza infection.                             |
| 7 | Secondary Prevention   | Detecting disease early when it is asymptomatic (screening).                                        | Secondary prevention finds disease before symptoms.         | Mammography detects early breast cancer.                              |
| 8 | Tertiary Prevention    | Managing established disease to                                                                     |                                                             |                                                                       |

prevent  
complications  
and disability.

Tertiary  
prevention  
reduces impact

of existing  
disease.

Tight glycemic  
control prevents  
diabetic

complications.

|    |                                     |                                                                                              |                                                                      |                                                                          |
|----|-------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|
| 9  | Health Literacy                     | The degree to which patients can obtain and understand health information to make decisions. | Tailor teaching to the patient's comprehension level.                | The FNP explains insulin use in simple terms and confirms understanding. |
| 10 | Motivational Interviewing           | A patient-centered counseling approach that builds internal motivation for change.           | Use open questions and reflective listening.                         | The FNP explores a patient's reasons for and against quitting smoking.   |
| 11 | Developmental Screening in Children | Age-based screening for developmental milestones to detect delays early.                     | Screen at well-child visits.                                         | A toddler's speech delay is detected at a routine checkup.               |
| 12 | Advance Care Planning               | Discussing and documenting a patient's preferences for end-of-life care.                     | Introduce advance care planning for older or seriously ill patients. | An FNP helps a patient complete an advance directive.                    |

## PART 3 -- ADULT ACUTE & CHRONIC CARE

This section covers common acute and chronic conditions in adults seen in primary care.

## Section 3.1: Common Acute Conditions (17 Concepts)

| # | Term                              | Key Facts                                                                                             | Strategy Tip                                                               | Example                                                                                       |
|---|-----------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1 | Upper Respiratory Infection (URI) | Viral infection of the nose, throat, and airways; usually self-limited.                               | Use antibiotics only for bacterial infection.                              | A patient with a clear runny nose and sore throat has a viral URI.                            |
| 2 | Acute Otitis Media (AOM)          | Acute middle-ear infection, common in children; presents with ear pain and bulging tympanic membrane. | Flag younger children with red, bulging eardrums and no other source.      | A toddler has fever, ear tugging, and a bulging red eardrum.                                  |
| 3 | Acute Pharyngitis / Strep Throat  | Sore throat; bacterial (group A strep) vs. viral.                                                     | Use Centor criteria / rapid antigen testing before antibiotics.            | A patient with fever, tonsillar exudate, no cough, and tender nodes tests positive for strep. |
| 4 | Acute Sinusitis                   | Inflammation/infection of the paranasal sinuses, often after a viral URI.                             | Reserve antibiotics for bacterial criteria (prolonged, worsening, severe). | Persistent purulent nasal discharge beyond 10 days suggests bacterial sinusitis.              |
| 5 | Pneumonia                         | Infection of the lung parenchyma; community-acquired (CAP) vs. hospital-acquired.                     | Assess severity and need for antibiotics/imaging.                          | A patient with cough, fever, and focal crackles gets a chest x-ray showing consolidation.     |
| 6 | Urinary Tract Infection (UTI)     | Bacterial infection of the urinary tract; cystitis vs. pyelonephritis.                                | Urinalysis and culture guide antibiotic choice.                            | Dysuria and frequency with positive leukocyte esterase indicate a UTI.                        |
| 7 | Gastroenteritis                   | Viral or bacterial inflammation of the GI tract with diarrhea and vomiting.                           | Focus on hydration; antibiotics only for specific causes.                  | A patient with watery diarrhea and vomiting is treated with oral rehydration.                 |

|    |                                  |                                                                                   |                                                                       |                                                                                       |
|----|----------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 8  | Cellulitis                       | Bacterial infection of the skin and subcutaneous tissue.                          | Treat with antibiotics; consider MRSA risk factors.                   | A red, warm, tender leg with advancing edge is treated as cellulitis.                 |
| 9  | Herpes Zoster (Shingles)         | Reactivation of varicella-zoster virus causing a painful vesicular rash.          | Start antivirals within 72 hours of rash onset.                       | A patient with a unilateral vesicular rash on a dermatome is treated with antivirals. |
| 10 | Migraine                         | A recurring neurologic headache with nausea, photophobia, and sometimes aura.     | Triage red flags; treat acute attacks and consider prophylaxis.       | A patient with throbbing unilateral headache and light sensitivity has a migraine.    |
| 11 | Tension-Type Headache            | A common, pressure-type bilateral headache not associated with aura or vomiting.  | Exclude red flags; treat with analgesia and stress management.        | Bilateral band-like head pressure after stress is a tension headache.                 |
| 12 | Low Back Pain                    | Acute back pain, usually musculoskeletal; red flags require imaging.              | Screen for red flags (cauda equina, infection, fracture, malignancy). | Acute lumbar strain, without neuro deficit, is treated conservatively.                |
| 13 | Ankle Sprain                     | Ligament injury from inversion, causing pain, swelling, and instability.          | Use RICE and functional rehabilitation.                               | An inversion injury with swelling and lateral tenderness is a sprain.                 |
| 14 | Conjunctivitis                   | Inflammation of the conjunctiva; viral, bacterial, or allergic.                   | Distinguish by discharge and history.                                 | Purulent discharge suggests bacterial; clear watery discharge suggests viral.         |
| 15 | Gastroenteritis vs. Appendicitis | Appendicitis gives periumbilical pain migrating to the right lower quadrant.      | Recognize surgical abdomen red flags.                                 | Rebound tenderness and RLQ pain point toward appendicitis.                            |
| 16 | Otitis Externa                   | Infection of the external ear canal ("swimmer's ear"); painful with manipulation. | Differentiate from AOM by pain on tragus pull.                        | Pain with pulling the ear suggests otitis externa.                                    |

|    |           |                                                                  |                                                      |                                                                           |
|----|-----------|------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|
| 17 | Influenza | Viral respiratory illness with abrupt fever, myalgia, and cough. | Antivirals help within 48 hours in at-risk patients. | A febrile patient with body aches and cough tests positive for influenza. |
|----|-----------|------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|

## Section 3.2: Common Chronic Conditions (17 Concepts)

| # | Term                            | Key Facts                                                                           | Strategy Tip                                                           | Example                                                                               |
|---|---------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1 | Hypertension (HTN)              | Chronically elevated blood pressure increasing cardiovascular risk.                 | Confirm with repeated readings; treat per guidelines.                  | An adult with sustained BP above target starts lifestyle modification and medication. |
| 2 | Type 2 Diabetes Mellitus (T2DM) | Insulin resistance and impaired glucose regulation leading to hyperglycemia.        | Monitor A1C, manage cardiovascular risk, and screen for complications. | Metformin is first-line for many patients with T2DM.                                  |
| 3 | Dyslipidemia                    | Abnormal lipid levels increasing atherosclerotic cardiovascular disease risk.       | Initiate statin therapy based on risk assessment.                      | A statin is started in a patient with elevated LDL and high cardiovascular risk.      |
| 4 | Asthma                          | Chronic airway inflammation with reversible bronchoconstriction.                    | Use stepwise therapy and rescue relievers.                             | An adult with frequent wheezing is started on an inhaled corticosteroid controller.   |
| 5 | COPD                            | Chronic obstructive pulmonary disease causing progressive airflow limitation.       | Diagnose with spirometry; manage exacerbations.                        | A smoker with exertional dyspnea has spirometry showing obstruction.                  |
| 6 | Heart Failure                   | The heart's inability to pump sufficient blood, causing fluid overload and dyspnea. | Manage volume status, medications, and exacerbations.                  | A patient with dyspnea, edema, and crackles is managed for heart failure.             |
| 7 | Coronary Artery Disease (CAD)   | Atherosclerosis of the coronary arteries; cause of angina and MI.                   | Manage risk factors and recognize unstable symptoms.                   | Stable exertional chest pain is managed with risk reduction and medication.           |
| 8 | Atrial Fibrillation             | Irregular, often rapid heart rhythm increasing stroke risk.                         | Rate/rhythm control plus anticoagulation per risk.                     | An elderly patient with AF is started on an anticoagulant to reduce stroke            |

risk.

|    |                              |                                                                                    |                                                            |                                                                                   |
|----|------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 9  | Hypothyroidism               | Underactive thyroid causing fatigue, weight gain, and cold intolerance.            | Treat with levothyroxine; monitor TSH.                     | A patient with fatigue and elevated TSH is started on levothyroxine.              |
| 10 | Hyperthyroidism              | Overactive thyroid causing weight loss, tremor, and heat intolerance.              | Reduce thyroid hormone and treat symptoms.                 | A patient with tremor, weight loss, and low TSH is evaluated for hyperthyroidism. |
| 11 | Chronic Kidney Disease (CKD) | Progressive loss of kidney function over time.                                     | Stage by eGFR; manage BP, glucose, and complications.      | A patient with reduced eGFR is managed to slow progression.                       |
| 12 | Osteoarthritis               | Degenerative joint disease causing pain, stiffness, and reduced mobility.          | Focus on activity, weight, and symptomatic relief.         | Knee pain with crepitus in an older adult is treated conservatively.              |
| 13 | Osteoporosis                 | Reduced bone density increasing fracture risk, especially in postmenopausal women. | Screen with DXA; treat per fracture risk.                  | A postmenopausal woman with low bone density is started on treatment.             |
| 14 | Gout                         | Crystals of uric acid causing acute inflammatory arthritis.                        | Treat acute flares and lower uric acid long-term.          | Acute podagra (big-toe pain) is treated for gout.                                 |
| 15 | Depression                   | A mood disorder with persistent low mood, anhedonia, and functional impairment.    | Screen, treat with therapy/medication, monitor for safety. | A patient with low mood and loss of interest is started on an SSRI.               |
| 16 | Anxiety Disorders            | Conditions with excessive worry, fear, and avoidance.                              | Use therapy and/or medication; screen for comorbidity.     | Generalized anxiety is treated with CBT and an SSRI.                              |
| 17 | Insomnia                     | Difficulty initiating or maintaining sleep with daytime consequences.              | Address sleep hygiene before chronic medication.           | An FNP reviews caffeine, screens, and bedtime routines with a patient.            |

## PART 4 -- PEDIATRIC CARE

This section covers common pediatric conditions and age-based care for children.

## Section 4.1: Well-Child & Developmental Care (10 Concepts)

| # | Term                     | Key Facts                                                                                      | Strategy Tip                                         | Example                                                                     |
|---|--------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|
| 1 | Well-Child Visits        | Scheduled preventive visits for growth, development, immunizations, and anticipatory guidance. | Follow the recommended schedule of visits.           | A 2-month-old is seen for growth and scheduled vaccines.                    |
| 2 | Growth Charts            | Percentile-based tracking of weight, height, and head circumference over time.                 | Interpret trends, not single points.                 | A child crossing down across percentiles for weight warrants investigation. |
| 3 | Developmental Milestones | Age-expected skills in motor, language, cognitive, and social domains.                         | Screen for delays and refer early.                   | A child who does not babble by 6 months may need a hearing check.           |
| 4 | Anticipatory Guidance    | Age-specific counseling on safety, nutrition, and development.                                 | Provide guidance appropriate to each age.            | A new parent is counseled on safe sleep to prevent SIDS.                    |
| 5 | Infant Nutrition         | Breastfeeding or formula in infancy, with gradual introduction of solids.                      | Advise iron and vitamin D as recommended.            | Breastfed infants are supplemented with vitamin D.                          |
| 6 | Immunization Schedule    | The recommended timing of childhood vaccines.                                                  | Keep children current on the vaccine schedule.       | A 12-month-old receives MMR and varicella vaccines.                         |
| 7 | SIDS Risk Reduction      | Practices that reduce sudden infant death syndrome risk (safe sleep, supine).                  | Counsel on back-sleeping and a firm sleep surface.   | A parent places the infant on its back in a bare crib.                      |
| 8 | Adolescent Development   | Physical, cognitive, and psychosocial changes during adolescence.                              | Address confidentiality and risk behaviors in teens. | The FNP confidentially discusses substance use with a teen.                 |

|    |                     |                                                                                           |                                                                          |                                                                                     |
|----|---------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 9  | School<br>Readiness | The skills and<br>readiness for<br>starting school.                                       | Screen vision,<br>hearing, and<br>development<br>before school<br>entry. | A<br>pre-kindergarten<br>visit includes<br>vision and<br>hearing<br>screening.      |
| 10 | Puberty             | The physical<br>changes of<br>sexual<br>maturation, with<br>usual timing and<br>variants. | Identify<br>precocious or<br>delayed puberty<br>when abnormal.           | Breast<br>development<br>before age 8 in<br>girls prompts<br>further<br>evaluation. |

## Section 4.2: Common Pediatric Conditions (12 Concepts)

| # | Term                           | Key Facts                                                                            | Strategy Tip                                             | Example                                                                          |
|---|--------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | Acute Otitis Media (Pediatric) | Very common middle-ear infection in young children.                                  | Diagnose with a red, bulging, immobile eardrum.          | A 2-year-old with ear pain and fever is diagnosed with AOM.                      |
| 2 | Bronchiolitis                  | Viral lower-respiratory infection (RSV) in infants causing wheezing and distress.    | Supportive care; avoid antibiotics.                      | An infant with wheezing after a cold is managed supportively.                    |
| 3 | Croup                          | Viral laryngotracheitis causing a barking cough and stridor.                         | Mild croup is managed with steroids and supportive care. | A child with a barking cough at night is treated for croup.                      |
| 4 | Gastroenteritis (Pediatric)    | Viral diarrhea with risk of dehydration in children.                                 | Assess hydration and manage with oral rehydration.       | A toddler with vomiting is monitored for signs of dehydration.                   |
| 5 | Hand-Foot-Mouth Disease        | Viral (coxsackie) illness with oral ulcers and a vesicular rash.                     | Supportive care; reassure parents.                       | A child with oral ulcers and a hand/foot rash has hand-foot-mouth disease.       |
| 6 | Fifth Disease                  | Parvovirus B19 causing a slapped-cheek rash.                                         | Typically mild and self-limited.                         | A school-age child with a red "slapped cheek" rash has fifth disease.            |
| 7 | Kawasaki Disease               | An inflammatory vasculitis in young children with fever, rash, and mucosal findings. | Recognize to prevent coronary complications.             | Prolonged fever with conjunctivitis, rash, and red lips raises Kawasaki concern. |
| 8 | Febrile Seizure                | A seizure with fever in a child without CNS infection; usually benign.               | Reassure and evaluate the cause of fever.                | A 1-year-old has a brief tonic-clonic seizure during a febrile illness.          |
| 9 | Constipation (Pediatric)       | Common functional constipation causing                                               |                                                          |                                                                                  |

infrequent, hard stools.

Manage with diet, fluids, and staged bowel treatment.

A toddler with painful, infrequent stools is treated for

constipation.

|    |                          |                                                                              |                                                  |                                                                         |
|----|--------------------------|------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|
| 10 | ADHD                     | Neurodevelopmental disorder of inattention and/or hyperactivity-impulsivity. | Diagnose with careful history and rating scales. | A child with classroom inattention and fidgeting is evaluated for ADHD. |
| 11 | Asthma (Pediatric)       | Recurrent wheezing with viral triggers or allergens.                         | Use stepwise control and a written action plan.  | A child with recurrent wheezing is started on a controller inhaler.     |
| 12 | Anemia (Iron-Deficiency) | Low hemoglobin from insufficient iron, often in toddlers.                    | Screen at risk ages; treat with iron.            | A pale toddler with low ferritin is treated with iron supplementation.  |

## PART 5 -- WOMEN'S HEALTH & OBSTETRICS

This section covers gynecologic care, contraception, pregnancy, and menopause.

## Section 5.1: Gynecologic & Reproductive Health (10 Concepts)

| # | Term                              | Key Facts                                                                                  | Strategy Tip                                              | Example                                                                        |
|---|-----------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | Menstrual Cycle                   | The hormonal cycle regulating ovulation and menstruation (~28 days).                       | Evaluate cycle changes for underlying causes.             | A patient with irregular heavy bleeding is evaluated for hormonal causes.      |
| 2 | Abnormal Uterine Bleeding         | Bleeding that is irregular, heavy, prolonged, or between periods.                          | Exclude pregnancy and structural causes.                  | Intermenstrual spotting is evaluated with history and exam.                    |
| 3 | Amenorrhea                        | Absence of menses (primary or secondary).                                                  | Test for pregnancy first; evaluate hormonal causes.       | A woman with 6 months of no menses and negative pregnancy test is evaluated.   |
| 4 | Dysmenorrhea                      | Painful menstruation; primary or secondary to conditions like endometriosis.               | Treat symptoms; consider underlying causes for secondary. | Cramping that limits activity is treated with NSAIDs.                          |
| 5 | Menopause                         | The permanent end of menstruation (~average age 51).                                       | Manage symptoms and provide preventive care.              | A woman with hot flashes and irregular periods is in perimenopause/ menopause. |
| 6 | Vaginitis                         | Vaginal discharge and itching from infection (yeast, bacterial vaginosis, trichomoniasis). | Match treatment to the specific cause.                    | A white cottage-cheese discharge suggests candidiasis.                         |
| 7 | Pelvic Inflammatory Disease (PID) | Infection of the upper reproductive tract, often from STIs.                                | Treat promptly to prevent complications.                  | Lower abdominal pain with cervical motion tenderness suggests PID.             |
| 8 | STI Screening                     | Testing for sexually transmitted infections per guidelines.                                | Screen high-risk patients and partners.                   | A sexually active young woman is screened for chlamydia and gonorrhea.         |

|    |                                  |                                                                   |                                            |                                                                    |
|----|----------------------------------|-------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|
| 9  | Cervical Cancer Screening        | Pap testing (and HPV testing) to detect cervical precancer.       | Follow current screening intervals by age. | A woman over 21 receives cervical cancer screening per guidelines. |
|    |                                  |                                                                   |                                            |                                                                    |
| 10 | Breast Examination and Screening | Clinical breast exam and mammography for breast cancer detection. | Guide mammography by age and risk.         | A 50-year-old woman is referred for routine mammography.           |
|    |                                  |                                                                   |                                            |                                                                    |

## Section 5.2: Contraception & Pregnancy (10 Concepts)

| # | Term                          | Key Facts                                                                             | Strategy Tip                                                 | Example                                                                    |
|---|-------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------|
| 1 | Combined Oral Contraceptives  | Estrogen-progestin in pills suppressing ovulation.                                    | Consider thrombotic risk and contraindications               | A healthy woman is started on a combined oral contraceptive.               |
| 2 | Progestin-Only Contraceptives | Progestin-only methods (pill, implant, IUD) for those with estrogen contraindications | Good options for breastfeeding or estrogen-intolerant women. | A breastfeeding woman uses a progestin-only method.                        |
| 3 | Intrauterine Devices (IUD)    | Long-acting reversible contraception (copper or hormonal).                            | LARC methods are highly effective and reversible.            | A woman choosing long-term but reversible birth control gets an IUD.       |
| 4 | Emergency Contraception       | Methods to prevent pregnancy after unprotected intercourse.                           | Offer within the recommended time window.                    | A woman requests emergency contraception after condom failure.             |
| 5 | Barrier Methods               | Condoms, diaphragms, and other barrier methods; also reduce STI risk.                 | Condoms prevent STIs and pregnancy.                          | A patient is counseled to use condoms to reduce STI risk.                  |
| 6 | Confirming Pregnancy          | Diagnosis via urine hCG or serum beta-hCG.                                            | Confirm and estimate dates early.                            | A positive urine hCG confirms pregnancy.                                   |
| 7 | First-Trimester Care          | Initial prenatal care: dating, labs, and screening.                                   | Start prenatal vitamins (folic acid) early.                  | An early pregnancy is confirmed and dated with an ultrasound.              |
| 8 | Prenatal Screening            | Testing for fetal risks (aneuploidy, anomalies, infections).                          | Offer screening and discuss results.                         | A patient is offered nuchal translucency screening in the first trimester. |
| 9 | Gestational Diabetes          | Glucose intolerance that develops during pregnancy.                                   | Screen and manage to reduce maternal/fetal risk.             | A pregnant patient with elevated glucose is managed for gestational        |

diabetes.

|    |                 |                                                |                                   |                                                                     |
|----|-----------------|------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|
| 10 | Postpartum Care | Care of the parent and newborn after delivery. | Screen for postpartum depression. | An FNP screens a new mother for postpartum depression at her visit. |
|----|-----------------|------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|

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## PART 6 -- GERIATRIC & VULNERABLE POPULATIONS

This section covers the care of older adults and other special populations.

## Section 6.1: Geriatric Assessment (8 Concepts)

| # | Term                  | Key Facts                                                                                 | Strategy Tip                                             | Example                                                               |
|---|-----------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|
| 1 | Geriatric Syndromes   | Common conditions of older adults (falls, frailty, delirium, incontinence, polypharmacy). | Recognize atypical presentations and functional decline. | A fall and new confusion in an older adult prompt evaluation.         |
| 2 | Frailty               | Reduced physiologic reserve and increased vulnerability to stressors.                     | Identify and address modifiable contributors.            | A frail older adult is screened for weakness and malnutrition.        |
| 3 | Delirium              | An acute, fluctuating confusional state with an underlying medical cause.                 | Treat the cause; do not assume dementia.                 | A patient with a UTI becomes acutely confused.                        |
| 4 | Dementia              | Chronic progressive cognitive decline (e.g., Alzheimer's disease).                        | Diagnose carefully and manage contributing factors.      | Gradual memory loss with functional decline suggests dementia.        |
| 5 | Falls Risk Assessment | Evaluating risk factors for falls (gait, balance, medications, environment).              | Screen and intervene to reduce fall risk.                | An older adult with unsteady gait is referred to physical therapy.    |
| 6 | Polypharmacy          | Use of many medications increasing risk of adverse effects.                               | Review and deprescribe when appropriate.                 | A medication review removes an unnecessary drug causing side effects. |
| 7 | Pressure Injuries     | Skin breakdown from unrelieved pressure; stages 1-4.                                      | Prevent with repositioning and skin care.                | A bedbound patient is repositioned to prevent pressure injuries.      |
| 8 | Urinary Incontinence  | Involuntary urine loss; stress, urge, or overflow types.                                  | Identify type and treat the cause.                       | An older woman with leakage on coughing has stress incontinence.      |

## Section 6.2: Vulnerable Populations (8 Concepts)

| # | Term                            | Key Facts                                                                  | Strategy Tip                                         | Example                                                                   |
|---|---------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|
| 1 | Social Determinants of Health   | Conditions in which people live/work that affect health outcomes.          | Ask about and address social needs.                  | Food insecurity affects the ability to follow a diabetes diet.            |
| 2 | Health Disparities              | Differences in health outcomes across population groups.                   | Provide equitable, culturally sensitive care.        | A provider arranges interpretation for a patient with limited English.    |
| 3 | Cultural Competence             | Providing care respectful of and responsive to patients' cultural beliefs. | Incorporate cultural beliefs into care plans.        | Dietary advice is adapted to a patient's cultural food practices.         |
| 4 | Intimate Partner Violence (IPV) | Abuse or violence within an intimate relationship.                         | Screen sensitively and provide resources.            | An FNP screens a patient for IPV and offers support services.             |
| 5 | Substance Use Disorder (SUD)    | Problematic use of substances with significant impairment.                 | Screen, treat, and reduce stigma.                    | A patient is screened and referred for treatment of alcohol use disorder. |
| 6 | Opioid Safety                   | Managing pain while preventing opioid misuse and overdose.                 | Use non-opioid options and naloxone where indicated. | A provider prescribes naloxone to a patient on chronic opioids.           |
| 7 | Chronic Pain Management         | Ongoing management of persistent pain using multimodal approaches.         | Prefer non-opioid and nonpharmacologic strategies.   | Chronic low back pain is managed with PT and NSAIDs rather than opioids.  |
| 8 | End-of-Life Care                | Care focusing on comfort and dignity for patients near the end of life.    | Discuss goals of care and palliative options.        | A patient with advanced illness transitions to comfort-focused care.      |

## PART 7 -- PHARMACOLOGY

This section covers the high-yield pharmacology concepts essential for safe NP prescribing.

# Section 7.1: Pharmacokinetics, Pharmacodynamics & Safety (14

| # | Term                         | Key Facts                                                                             | Strategy Tip                                      | Example                                                                        |
|---|------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | Pharmacokinetics             | What the body does to a drug: absorption, distribution, metabolism, excretion (ADME). | Consider how each step affects dosing.            | Liver disease slows a drug's metabolism, raising levels.                       |
| 2 | Pharmacodynamics             | What the drug does to the body: receptor binding and effect.                          | Understand mechanism of action for side effects.  | A beta-blocker reduces heart rate by blocking beta receptors.                  |
| 3 | Half-Life                    | Time for drug concentration to fall by half; determines dosing interval.              | Use half-life to guide dosing and withdrawal.     | A drug with a short half-life may need more frequent dosing.                   |
| 4 | Steady State                 | When drug intake equals elimination and levels stabilize (~4-5 half-lives).           | Levels reach steady state before full effect.     | Antidepressant effects appear only after steady state is reached.              |
| 5 | Drug-Drug Interactions       | One drug altering the effect of another.                                              | Check interactions, especially with new drugs.    | A drug inhibiting CYP450 raises another drug's levels.                         |
| 6 | Cytochrome P450 (CYP) System | Liver enzymes that metabolize many drugs; inhibitors/inducers affect levels.          | Identify CYP inhibitors and inducers.             | A CYP inhibitor increases the concentration of a metabolized drug.             |
| 7 | Adverse Drug Reaction        | An unintended harmful response to a medication.                                       | Monitor for side effects and report serious ones. | An allergic rash develops after starting an antibiotic.                        |
| 8 | Contraindication             | A condition that makes a drug inappropriate.                                          | Screen for contraindications before prescribing.  | A beta-blocker is avoided in severe asthma.                                    |
| 9 | Black Box Warning            | The FDA's strongest warning for serious or life-threatening risks.                    | Heed black box warnings and monitor as directed.  | An antidepressant carries a black box warning for suicidality in young people. |

|    |                                     |                                                                                |                                                  |                                                                              |
|----|-------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
| 10 | Therapeutic Index                   | The ratio of toxic to therapeutic dose; a narrow index means tight monitoring. | Narrow-index drugs need careful dose management. | Warfarin and digoxin have narrow therapeutic indices.                        |
| 11 | Renal Dosing Adjustment             | Reducing dose or frequency when renal function is impaired.                    | Adjust renally cleared drugs by eGFR.            | A renally cleared antibiotic dose is reduced in CKD.                         |
| 12 | Hepatic Metabolism Issues           | Drugs cleared by the liver may accumulate in liver disease.                    | Caution with hepatically metabolized drugs.      | A liver-metabolized drug is used cautiously in cirrhosis.                    |
| 13 | Pregnancy Category / Teratogenicity | Risk a drug poses to the fetus in pregnancy.                                   | Avoid teratogenic drugs in pregnancy.            | A known teratogen is avoided in a pregnant patient.                          |
| 14 | Prescription Drug Monitoring (PDMP) | State database tracking controlled-substance prescriptions.                    | Check PDMP for controlled substances.            | A provider reviews the PDMP before prescribing a controlled pain medication. |

## Section 7.2: Major Drug Classes (14 Concepts)

| # | Term                                     | Key Facts                                                                         | Strategy Tip                                                               | Example                                                                      |
|---|------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1 | Ace Inhibitors / ARBs                    | Antihypertensive drugs blocking angiotensin; renoprotective.                      | Monitor potassium and renal function.                                      | A patient with diabetes benefits from an ACE inhibitor for renal protection. |
| 2 | Beta-Blockers                            | Drugs that block beta receptors, reducing heart rate and BP.                      | Use with caution in asthma and bradycardia.                                | A patient with heart failure is started on a beta-blocker.                   |
| 3 | Calcium Channel Blockers                 | Drugs that relax vascular smooth muscle and control rate.                         | Note the difference between dihydropyridine and non-dihydropyridine types. | Amlodipine lowers BP; verapamil controls heart rate.                         |
| 4 | Diuretics                                | Drugs that increase urine output to reduce fluid volume.                          | Monitor electrolytes and renal function.                                   | A loop diuretic reduces edema in heart failure.                              |
| 5 | Statins                                  | Lipid-lowering drugs (HMG-CoA reductase inhibitors) reducing cardiovascular risk. | Monitor for muscle symptoms and liver function.                            | Atorvastatin lowers LDL and cardiovascular risk.                             |
| 6 | Metformin                                | First-line oral agent for type 2 diabetes.                                        | Hold in acute illness/contrast study due to lactic acidosis risk.          | A patient with T2DM is started on metformin.                                 |
| 7 | Insulins                                 | Hormone replacement for diabetes; rapid, short, intermediate, long-acting types.  | Match type and timing to glucose patterns.                                 | Long-acting insulin covers basal needs; rapid-acting covers meals.           |
| 8 | Inhalers (Beta-agonist / Corticosteroid) | Bronchodilators (SABA/LABA) and controllers (ICS) for asthma/COPD.                | Use relievers for rescue and controllers daily.                            | Albuterol relieves acute wheeze; ICS controls airway inflammation.           |
| 9 | SSRIs                                    | Selective serotonin reuptake inhibitors for depression and                        |                                                                            |                                                                              |

anxiety.

Start low, taper slowly; watch for activation.

Sertraline treats depression, titrated gradually.

|    |                               |                                                                               |                                                          |                                                                             |
|----|-------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|
| 10 | NSAIDs                        | Nonsteroidal anti-inflammatory drugs for pain, fever, inflammation.           | Caution with GI, renal, and cardiovascular risk.         | Ibuprofen relieves arthritis pain but is used cautiously in kidney disease. |
| 11 | Opioids                       | Strong analgesics for moderate-severe pain; high abuse potential.             | Reserve for appropriate pain; use lowest effective dose. | Short-term opioids are used for severe acute pain with monitoring.          |
| 12 | Antibiotics                   | Drugs that treat bacterial infections; choices guided by site and resistance. | Use targeted therapy and complete the course.            | Amoxicillin is used for a bacterial ear infection.                          |
| 13 | Anticoagulants                | Drugs that prevent clot formation (warfarin, DOACs, heparin).                 | Monitor and watch bleeding risk.                         | A DOAC reduces stroke risk in atrial fibrillation.                          |
| 14 | Proton Pump Inhibitors (PPIs) | Drugs that reduce gastric acid for GERD and ulcers.                           | Use lowest effective dose and reassess long-term use.    | Omeprazole is used short-term for GERD symptom control.                     |

## PART 8 -- DIFFERENTIAL DIAGNOSIS & CLINICAL REASONING

This section covers the diagnostic approach to common presentations.

## Section 8.1: Common Presentations (10 Concepts)

| # | Term                        | Key Facts                                                                    | Strategy Tip                                                  | Example                                                                           |
|---|-----------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | Chest Pain                  | Requires triage for cardiac vs. other causes.                                | Exclude cardiac ischemia first.                               | Chest pain with exertion, diaphoresis, and risk factors needs cardiac evaluation. |
| 2 | Dyspnea                     | Shortness of breath from cardiac, pulmonary, or other causes.                | Distinguish acute from chronic and cardiac from pulmonary.    | Acute dyspnea with wheeze suggests asthma; with edema suggests heart failure.     |
| 3 | Abdominal Pain              | Localize and characterize; consider surgical emergencies.                    | Screen for red flags (peritonitis, obstruction, ischemia).    | RLQ pain with rebound suggests appendicitis.                                      |
| 4 | Fever                       | Elevated temperature with infectious and noninfectious causes.               | Identify focus and severity; culture when indicated.          | Fever with cough and focal lung findings suggests pneumonia.                      |
| 5 | Fatigue                     | A nonspecific symptom with many causes (anemia, thyroid, depression, sleep). | Work up systematically when unexplainable.                    | Persistent fatigue is evaluated for anemia and thyroid disease.                   |
| 6 | Weight Loss (Unintentional) | Unplanned weight loss signaling possible illness.                            | Screen for malignancy, diabetes, hyperthyroidism, depression. | Unintentional weight loss with heat intolerance suggests hyperthyroidism.         |
| 7 | Headache Red Flags          | Warning signs of serious headache (sudden onset, neuro deficit, fever).      | Rule out dangerous causes before benign ones.                 | A sudden "worst-ever" thunderclap headache is an emergency.                       |
| 8 | Syncope                     | Transient loss of consciousness; often cardiac or vasovagal.                 | Differentiate cardiac syncope (higher risk) from benign.      | Syncope with exertion or palpitations needs cardiac workup.                       |
| 9 | Joint Pain                  | Arthritis vs. arthralgia; inflammatory vs. noninflammatory.                  | Distinguish inflammatory (stiffness, swelling) from           |                                                                                   |

mechanical.

Morning joint  
stiffness with  
swelling  
suggests

inflammatory  
arthritis.

|    |           |                                                                |                                             |                                                    |
|----|-----------|----------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| 10 | Dizziness | Vertigo, presyncope, or lightheadedness with different causes. | Differentiate the type to guide evaluation. | Room-spinning vertigo suggests a vestibular cause. |
|    |           |                                                                |                                             |                                                    |

## Section 8.2: Diagnostic Reasoning & Management (8 Concepts)

| # | Term                               | Key Facts                                                                       | Strategy Tip                                                     | Example                                                                              |
|---|------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1 | Differential Diagnosis             | The list of possible diagnoses explaining a presentation, ranked by likelihood. | Generate and rank hypotheses before testing.                     | Chest pain differential includes cardiac, pulmonary, GI, and musculoskeletal causes. |
| 2 | Red Flags                          | High-risk signs that signal serious disease requiring urgent evaluation.        | Always rule out red flags first.                                 | A red flag such as saddle anesthesia prompts emergency care.                         |
| 3 | Sensitivity and Specificity        | Sensitivity = true positive rate; specificity = true negative rate.             | Choose tests balancing sensitivity/specificity for the question. | A highly sensitive test is useful to rule out a disease.                             |
| 4 | Positive/Negative Predictive Value | Probability a positive/negative result is correct, affected by prevalence.      | Positive predictive value falls when disease is rare.            | A positive test is more meaningful when disease is common.                           |
| 5 | Watchful Waiting                   | Deliberately observing a self-limited condition without immediate treatment.    | Use for conditions likely to resolve on their own.               | Mild viral URI is managed with watchful waiting.                                     |
| 6 | Shared Decision Making             | Involving the patient in choosing among reasonable options.                     | Present options, risks, and benefits together.                   | The FNP and patient decide together on a screening approach.                         |
| 7 | Referral                           | Sending a patient to a specialist or higher level of care when needed.          | Refer promptly when a condition exceeds scope or is urgent.      | An unclear lesion is referred to a specialist for biopsy.                            |
| 8 | Follow-Up                          | Scheduled reassessment to monitor progress and adjust management.               | Plan follow-up timing based on stability.                        | An acute illness is rechecked in a few days if not improving.                        |

## PART 9 -- HEALTH PROMOTION,

# **PROFESSIONAL & ETHICAL PRACTICE**

This section covers professional responsibilities, ethics, and documentation in advanced practice.

## Section 9.1: Professional Practice (10 Concepts)

| # | Term                                             | Key Facts                                                                                            | Strategy Tip                                        | Example                                                          |
|---|--------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|
| 1 | Informed Consent                                 | Obtaining the patient's agreement to a treatment after explaining risks, benefits, and alternatives. | Document consent for procedures and treatment.      | A patient signs consent after discussing surgical risks.         |
| 2 | Confidentiality / HIPAA                          | Protecting patient health information and disclosing only with authorization.                        | Safeguard records and follow privacy rules.         | Health records are shared only as permitted by HIPAA.            |
| 3 | Documentation                                    | The accurate, timely written record of the encounter, plan, and follow-up.                           | Document what was assessed, done, and planned.      | The chart records the history, exam, diagnosis, and plan.        |
| 4 | Mandated Reporting                               | Legal duty to report abuse, certain diseases, and other situations.                                  | Know your state's reporting requirements.           | A provider reports suspected child abuse to authorities.         |
| 5 | Scope and Standard of Care                       | The level and type of care a reasonably competent NP would provide.                                  | Practice within scope and follow standards.         | An NP orders tests and prescribes within their authorized scope. |
| 6 | Collaboration and Consultation                   | Working with physicians and other disciplines for optimal care.                                      | Consult when a case exceeds your expertise.         | An NP consults a specialist for a complex cardiac case.          |
| 7 | Cultural Humility                                | An ongoing, self-reflective approach to cultural competence.                                         | Reconsider assumptions and learn from each patient. | A provider asks about a patient's beliefs rather than assuming.  |
| 8 | Continuing Education / Certification Maintenance | Ongoing learning and CEs to maintain licensure and certification.                                    | Keep certification and licensure current.           | An NP completes CE hours to maintain certification.              |
| 9 | Quality Improvement                              | Systematic efforts to improve care processes and outcomes.                                           | Use data to improve practice.                       | A clinic reviews screening rates to improve preventive care.     |

|    |                         |                                                                   |                                           |                                                                              |
|----|-------------------------|-------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|
| 10 | Professional Boundaries | Maintaining appropriate, therapeutic relationships with patients. | Avoid dual or exploitative relationships. | A provider keeps the relationship professional and avoids over-involvement . |
|----|-------------------------|-------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|

## Section 9.2: Ethical & Medico-Legal Concepts (8 Concepts)

| # | Term                                           | Key Facts                                                                    | Strategy Tip                                       | Example                                                                |
|---|------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|
| 1 | Autonomy                                       | Respecting the patient's right to make their own healthcare decisions.       | Support informed, voluntary patient choices.       | A competent patient declines a recommended treatment.                  |
| 2 | Beneficence                                    | Acting in the patient's best interest.                                       | Weigh benefit in every intervention.               | A treatment is chosen because it benefits the patient.                 |
| 3 | Nonmaleficence                                 | Doing no harm; avoiding interventions that harm.                             | Balance benefit against potential harm.            | A test is avoided when its risks outweigh benefits.                    |
| 4 | Justice                                        | Fair and equitable distribution of healthcare resources.                     | Provide equitable care regardless of background.   | Resources are allocated fairly among patients.                         |
| 5 | Patient Capacity and Surrogate Decision-Making | Determining a patient's ability to decide, and who decides when they cannot. | Assess capacity; use legal surrogates when needed. | A designated surrogate makes decisions for a patient without capacity. |
| 6 | Advance Directives                             | Documents (living will, health care proxy) expressing treatment wishes.      | Honor documented wishes.                           | A patient's advance directive is followed when they cannot speak.      |
| 7 | Medical Error and Disclosure                   | Honest acknowledgment and disclosure of errors to patients.                  | Disclose errors and improve systems.               | A provider discloses a medication error and takes accountability.      |
| 8 | Professional Liability / Malpractice           | Legal responsibility for harm due to negligent care.                         | Meet the standard of care and document well.       | Adequate documentation helps defend a standard-of-care claim.          |

## PART 10 -- FINAL REVIEW & TEST-DAY STRATEGY (10 Concepts)

A concise wrap-up of the FNP mindset and a practical test-day plan.

| #  | Term                         | Key Facts                                                                                       | Strategy Tip                                                            | Example                                                                |
|----|------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1  | Review Across the Lifespan   | The FNP exam spans adult, pediatric, women's, geriatric, and older-adult care.                  | Study every population; none dominates exclusively.                     | A candidate reviews adult, pediatric, and geriatric topics together.   |
| 2  | Safety Is Central            | Many questions test the safest, most appropriate next step.                                     | Choose the option that protects patient safety.                         | A safety concern is addressed before a cosmetic issue.                 |
| 3  | Age and Risk Guide Decisions | Management often depends on patient age and risk factors.                                       | Apply the correct screening/treatment for the stated age.               | Screening is tailored to a patient's age and risk profile.             |
| 4  | Evidence Over Habit          | Prefer tested, guideline-based answers over anecdotal practice.                                 | Choose the option grounded in evidence.                                 | An evidence-based screening is preferred over an unproven one.         |
| 5  | Red Flags First              | Rule out urgent and dangerous causes before benign ones.                                        | A red flag changes the whole approach.                                  | Chest pain or a red-flag headache is evaluated urgently.               |
| 6  | The "Best Next Step"         | Questions ask for the next or most appropriate action, not all possible actions.                | Pick the single best prioritized action.                                | The best next step is often to gather more data first.                 |
| 7  | Avoid Over-Extending         | Many wrong answers test outside scope or unnecessary testing.                                   | Choose what is within NP scope and indicated.                           | A test is ordered only when clinically indicated.                      |
| 8  | Time Management              | Budget your time across the exam; flag and return to hard items.                                | Keep a steady pace and review flagged items.                            | A candidate tracks time and revisits skipped questions.                |
| 9  | Read the Stem Carefully      | The specific details (age, pregnancy, medications, red flags) drive the answer.                 | Identify the key details before choosing.                               | A pregnant patient changes which drugs are safe.                       |
| 10 | Pair with Official Materials | This workbook is a review aid; pair it with official ANCC/AANP outlines and current guidelines. | Verify current exam content and requirements with your certifying body. | A candidate studies this guide plus the official FNP review materials. |

\*End of workbook. Review across the lifespan, keep safety front of mind, and good luck on the FNP examination.\*