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Question: 503

An outpatient clinic nurse is documenting a 70-year-old female's visit for COPD (FEV1 50%, normal: >80%) in an EHR. The patient's pulmonologist, in a different system, cannot access recent spirometry results. What is the best action to ensure care coordination?

- A. Document the spirometry results in a paper chart
- B. Email the results to the pulmonologist
- C. Share the results via a secure HIE
- D. Wait for the EHR systems to integrate

Answer: C

Explanation: Sharing the spirometry results (FEV1 50%) via a secure Health Information Exchange (HIE) ensures care coordination by providing the pulmonologist immediate access to critical data, enabling timely COPD management. Paper charts risk loss, emailing is insecure, and waiting for integration delays care.

Question: 504

In a value-based care clinic, a patient with T2DM (HbA1c 8.5%) misses follow-ups due to transportation issues. What action aligns with bundled payment goals?

- A. Refer to a social worker for transportation assistance
- B. Document non-compliance and reduce follow-up frequency
- C. Increase HbA1c monitoring to track control
- D. Coordinate telehealth visits to improve access

Answer: D

Explanation: Coordinating telehealth visits addresses access barriers, improving outcomes in a bundled payment model. Reducing follow-ups risks worse control. Increasing monitoring does not address access. Referral to a social worker is helpful but less immediate than telehealth.

Question: 505

A non-English-speaking patient diagnosed with heart failure frequently misses follow-ups. To best address health disparities, what intervention is most likely to improve appointment adherence?

- A. Increase appointment reminders only
- B. Assign a bilingual nurse navigator for care coordination
- C. Provide English-only after-visit summaries
- D. Schedule appointments without consultation

Answer: B

Explanation: A bilingual nurse navigator supports both language needs and systemic navigation, reducing disparities and improving adherence.

Question: 506

A patient with COPD presents with an SpO₂ of 88% on room air and increased dyspnea. The nurse follows 2026 GOLD guidelines, which recommend oxygen therapy for SpO₂ <90%. The patient's FEV₁ is 45% of predicted. What is the nurse's priority action?

- A. Order a chest CT to evaluate for pulmonary embolism
- B. Administer oxygen at 2 L/min via nasal cannula
- C. Start prednisone 40 mg daily for exacerbation
- D. Teach the patient pursed-lip breathing techniques

Answer: B

Explanation: The 2026 GOLD guidelines recommend oxygen therapy for COPD patients with SpO₂ <90% to improve oxygenation (Administer oxygen at 2 L/min via nasal cannula). Ordering a CT (Order a chest CT to evaluate for pulmonary embolism) or starting prednisone (Start prednisone 40 mg daily for exacerbation) requires provider orders. Teaching breathing techniques (Teach the patient pursed-lip breathing techniques) is supportive but not the priority for acute hypoxia.

Question: 507

A 62-year-old woman is being monitored for warfarin therapy for atrial fibrillation. Her INR today is 5.1 and her last dose was this morning. She is not bleeding but complains of mild bruising. What is the correct action?

- A. Hold warfarin, repeat INR in 24 hours, and notify provider
- B. Administer oral vitamin K and continue warfarin
- C. Increase warfarin dose and recheck INR in 48 hours
- D. Send immediately to emergency department for reversal

Answer: A

Explanation: For an INR between 5 and 9 without bleeding, holding warfarin and repeating the INR is recommended; vitamin K is reserved for higher INRs or if at increased bleeding risk. Immediate ER referral or increasing the dose is inappropriate.

Question: 508

A nurse is monitoring a bundled payment care path for post-MI patients. The expected value of nurse interventions is measured by:

- A. Increasing tests ordered per visit
- B. Reducing duplicative services and improving coordinated follow-up
- C. Scheduling unnecessary appointments
- D. Maximizing per-claim reimbursement

Answer: B

Explanation: Value-based bundled models reward reductions in duplicative care and improvements in coordination, not increasing unnecessary utilization.

Question: 509

An outpatient clinic nurse is documenting a 70-year-old female's visit for atrial fibrillation (CHA2DS2-VASc score 5, high stroke risk). The EHR shows an INR of 1.8 (therapeutic: 2.0-3.0). Using SBAR, what is the most appropriate recommendation?

- A. Continue the current warfarin dose and recheck in 1 week
- B. Stop warfarin and start a direct oral anticoagulant
- C. Increase the warfarin dose and schedule urgent INR recheck
- D. Switch to aspirin and monitor for bleeding

Answer: C

Explanation: Increasing the warfarin dose and scheduling an urgent INR recheck is appropriate, as the subtherapeutic INR (1.8) indicates inadequate anticoagulation for a high stroke risk patient (CHA2DS2-VASc score 5). Continuing the dose risks stroke, switching to another anticoagulant or aspirin requires provider oversight and may not address the immediate issue.

Question: 510

A patient categorized as "moderate risk" during ambulatory risk stratification has the following: Charlson score 4, HR 112, recent hospitalization. What is the likely odds ratio for hospital admission, based on 2026 literature?

- A. 0.95
- B. 1.15
- C. 2.40
- D. 0.12

Answer: C

Explanation: Moderate Charlson index correlates to an odds ratio of ~2.4 for hospital admission in recent studies.

Question: 511

A 75-year-old with cognitive impairment, diabetes, and hypertension is brought in by family confused, sleepy, and with a sodium of 124mmol/L, urine sodium 10mmol/L, and serum osmolality 263mOsm/kg. Which is the cause of his hyponatremia?

- A. Chronic kidney disease
- B. Volume depletion
- C. Primary polydipsia
- D. Medication-induced SIADH

Answer: B

Explanation: Low urine sodium and low serum osmolality with symptoms suggest hypovolemic (volume-depleted) hyponatremia rather than SIADH or CKD.

Question: 512

A 68-year-old patient with heart failure is discharged from the hospital to home. The discharge plan includes digoxin 0.125 mg daily and a cardiology referral. The patient's serum digoxin level is 2.2 ng/mL, and they report nausea. What is the nurse's priority action?

- A. Contact the PCP to review digoxin dosing
- B. Educate the patient on digoxin toxicity symptoms
- C. Instruct the patient to increase dietary fiber
- D. Schedule a cardiology appointment in 2 weeks

Answer: A

Explanation: A digoxin level of 2.2 ng/mL (therapeutic range 0.5–2.0 ng/mL) and nausea suggest possible digoxin toxicity. Contacting the PCP to review the dose is the priority to prevent serious complications like arrhythmias. Educating on toxicity symptoms is important but secondary to addressing the elevated level. Dietary fiber is unrelated to the issue. A cardiology appointment in 2 weeks is too delayed.

Question: 513

A 23-year-old patient with type 1 diabetes has a recent serum creatinine of 2.4mg/dL, eGFR 36mL/min/1.73m², and UA reveals 3+ proteinuria. What is the most likely explanation for his abnormal lab values?

- A. Laboratory error

- B. Uncontrolled hypertension causing nephropathy
- C. Incorrect urine collection technique
- D. Early diabetic nephropathy

Answer: D

Explanation: This lab pattern (elevated creatinine, reduced eGFR, and proteinuria) is consistent with diabetic nephropathy. Uncontrolled hypertension may worsen this, but diabetic nephropathy is the primary etiology in a young type 1 diabetic.

Question: 514

A 55-year-old patient with asthma is discharged from the hospital with a prescription for budesonide/formoterol 160/4.5 mcg two puffs twice daily. The ambulatory care nurse notes the patient's peak expiratory flow rate (PEFR) is 60% of predicted. What is the nurse's priority action?

- A. Contact the PCP to review the inhaler regimen
- B. Educate the patient on peak flow monitoring
- C. Teach the patient proper inhaler technique
- D. Request a pulmonology referral

Answer: D

Explanation: A PEF of 60% of predicted indicates poorly controlled asthma, requiring specialist evaluation to optimize treatment. Requesting a pulmonology referral is the priority to prevent exacerbations. Reviewing the inhaler regimen may be needed but is not the first step without specialist input. Peak flow monitoring and inhaler technique education are important but secondary to ensuring specialist care.

Question: 515

A patient newly diagnosed with atrial fibrillation is prescribed warfarin. Which laboratory value best guides initial dosing?

- A. Fasting blood glucose
- B. Serum bilirubin
- C. Hemoglobin A1c
- D. International normalized ratio (INR)

Answer: D

Explanation: Warfarin dosage is titrated to maintain INR within a therapeutic target, optimizing safety and efficacy. Other lab values do not guide warfarin dosing.

Question: 516

A 60-year-old with HTN, DM2, and CKD stage 3 has a BP of 165/97mmHg on three medications. Which modification is best supported by guidelines?

- A. Add ACE inhibitor if not on one already
- B. Decrease diuretic dose
- C. Advise only dietary sodium restriction
- D. Avoid statin use for cholesterol

Answer: A

Explanation: Adding or continuing an ACE inhibitor is renal-protective and a first-line choice for diabetics with CKD and hypertension.

Question: 517

A nurse is asked to supervise a medical assistant (MA) performing point-of-care INR testing. Which is the appropriate initial step before delegation?

- A. Providing on-the-spot training for the procedure
- B. Assuming the MA can perform all lab tests
- C. Only allowing RNs to perform INR testing
- D. Reviewing the MA's documented competency for INR testing

Answer: D

Explanation: The nurse must review and confirm documented competency according to regulations before delegating clinical tasks; scope of practice varies and cannot be assumed or established informally.

Question: 518

A 58-year-old male with hypertension and diabetes visits the ambulatory care clinic. The nurse implements a clinical guideline recommending annual microalbuminuria testing. Which lab result would suggest early diabetic nephropathy requiring adjustment of therapy as per EBP guidelines?

- A. Microalbumin/Creatinine ratio 35mg/g
- B. Blood urea nitrogen (BUN) 11mg/dL
- C. Urine specific gravity 1.020
- D. Serum creatinine 0.9mg/dL

Answer: A

Explanation: Microalbumin/Creatinine ratio 35mg/g indicates microalbuminuria, reflecting early nephropathy as detected by evidence-based guidelines. Blood urea nitrogen and serum creatinine within normal range, and urine specific gravity do not specifically indicate nephropathy in this scenario.

Question: 519

A patient with CKD (eGFR 40 mL/min/1.73m²) refuses a recommended low-sodium diet, citing personal food preferences. What action respects patient autonomy?

- A. Schedule a nutritionist consult without patient consent
- B. Escalate to the provider to enforce the diet
- C. Document the refusal and educate on dietary alternatives
- D. Warn of dialysis as a consequence

Answer: C

Explanation: Documenting the refusal and educating on alternatives respects autonomy while addressing health needs. Enforcing the diet or scheduling without consent violates autonomy. Warning of dialysis without education is coercive.

Question: 520

An outpatient clinic nurse is documenting a 68-year-old male's visit for heart failure (EF 35%, normal: >50%) in an EHR with interoperability issues. The patient's cardiologist, in a different system, cannot access recent labs (BNP 800 pg/mL, normal: <100 pg/mL). What is the best action to ensure care continuity?

- A. Use a secure HIE to share the BNP result with the cardiologist
- B. Email the lab results directly to the cardiologist
- C. Request an IT upgrade for full EHR interoperability
- D. Document the BNP result in a paper chart for the patient to carry

Answer: A

Explanation: Using a secure Health Information Exchange (HIE) ensures care continuity by securely transmitting the elevated BNP result (800 pg/mL) to the cardiologist, enabling timely heart failure management despite interoperability issues. Paper charts risk loss, emailing is insecure, and an IT upgrade is a long-term solution not addressing the immediate need.

Question: 521

During SBAR handoff, a nurse states: "Background: Patient admitted last month for pneumonia, now has RR 38, O₂ sat 85% on 3L NC, and crackles." What element is missing for complete SBAR?

- A. Name of patient's insurance provider
- B. Recommendation for next action
- C. Phlebotomy orders
- D. Date of documentation

Answer: B

Explanation: A specific recommendation is integral to SBAR handoff and missing here; insurance and orders are not part of structured communication.

Question: 522

A 60-year-old woman presents for routine visit with BP 122/68, HR 68, BMI 27. She asks about colorectal screening; she had a colonoscopy 4 years ago with 2 tubular adenomas removed. What is most appropriate?

- A. Repeat colonoscopy in 1 year
- B. Repeat colonoscopy in 5 years
- C. Annual FIT
- D. Sigmoidoscopy in 10 years

Answer: B

Explanation: Colonoscopy 3–5 years after detecting 1–2 small (<10mm) adenomas is guideline recommendation. Annual FIT is for average risk, but adenomas put her at increased risk. Sigmoidoscopy is less comprehensive.

Question: 523

A 66-year-old patient with chronic kidney disease (CKD) is discharged from the hospital. The discharge plan includes lisinopril 10 mg daily and a nephrology referral. The patient's eGFR is 35 mL/min/1.73 m², and serum potassium is 5.4 mEq/L. What is the nurse's priority action?

- A. Schedule a nephrology appointment in 2 weeks
- B. Educate the patient on a low-potassium diet
- C. Contact the PCP to review lisinopril use
- D. Teach the patient about fluid restriction

Answer: C

Explanation: Lisinopril, an ACE inhibitor, can exacerbate hyperkalemia (potassium 5.4 mEq/L) and worsen renal function in CKD (eGFR 35 mL/min/1.73 m²). Contacting the PCP to review the medication is the priority to prevent complications like severe hyperkalemia or renal failure. A low-potassium diet may be helpful but requires provider approval. A nephrology appointment in 2 weeks is too delayed given the lab abnormalities. Fluid restriction is not indicated without specific fluid overload symptoms.

Question: 524

A 45-year-old patient from a minority group with hypertension (BP 150/90 mmHg) expresses concerns about medication side effects due to cultural beliefs about Western medicine. The nurse aims to provide culturally competent care. Which action is most appropriate?

- A. Refer the patient to a cultural healer
- B. Offer an alternative herbal remedy
- C. Provide a standard medication guide
- D. Explore the patient's beliefs and discuss evidence-based benefits of treatment

Answer: D

Explanation: Exploring the patient's beliefs and discussing evidence-based benefits respects cultural concerns while promoting adherence, aligning with cultural competency. Offering herbal remedies (Offer an alternative herbal remedy) lacks evidence and is inappropriate. Providing a standard guide (Provide a standard medication guide) ignores cultural beliefs. Referring to a cultural healer (Refer the patient to a cultural healer) may not address the medical need.

Question: 525

The nurse leader is conducting a root cause analysis (RCA) after a medication error involving a mislabeled syringe. The RCA reveals inadequate labeling protocols. Which intervention best addresses the root cause?

- A. Require annual medication safety training
- B. Increase staff hours to allow more time for labeling
- C. Mandate verbal confirmation of syringe contents
- D. Implement a barcode scanning system for medication verification

Answer: D

Explanation: Implementing a barcode scanning system directly addresses mislabeling by ensuring accurate verification, per ISMP guidelines. Increasing hours or verbal confirmation are less effective, and annual training doesn't target the specific protocol gap.

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