

# Reliable Nursing AANP-FNP Braindumps Free & AANP-FNP Latest Exam Duration

## Family Nurse Practitioner Exam AANP

1st line tx depression in elderly - ANS-Celexa

1st line tx for anxiety - ANS-Benzos, ativan or buspar

1st line tx insomnia elderly - ANS-Ambien

2-3 INR - ANS-Management of AFIB

3 types of hand rashes - ANS-FHand mouth, sypillis, RMSD

4 month growth chart - ANS-

a regurgitant murmur heard throughout systole, due to blood flow between two chambers normally of very different pressures in systole; the most common causes are mitral regurgitation, tricuspid regurgitation, and ventricular septal defects. - ANS-pansystolic murmur

AAA - ANS-diagnosed with US

Absent P wave - ANS-AFIB

absent seizure - ANS-

Acanthosis nigricans - ANS-is usually the result of obesity. This is known as obesity-associated acanthosis nigricans. It occurs because obesity can cause insulin resistance (when the body is unable to properly use the hormone insulin), which may lead to high levels of insulin in the blood, affecting the skin cells.

Acne Rosacea - ANS-"adult acne." most often in adults (30-50 years of age). Unlike acne vulgaris, rosacea is devoid of blackheads and characteristically does not resolve after puberty. Rosacea strikes both sexes and potentially all ages. It tends to be more frequent in women but more severe in men. It is very uncommon in children, and it is less frequent in people with dark skin. Tx with Flagyl

Actinic keratosis - ANS-flat scaly rash, precursor to SCC

Acute dacryocystitis - ANS-with orbital cellulitis necessitates hospitalization with intravenous (IV) antibiotics. ... Patients with chronic dacryocystitis caused by a partial or intermittent nasolacrimal duct obstruction may benefit from topical steroid drop treatment

Acute External Otitis - ANS-chief pathogen Pseudo monas Augina

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solving related routines, and let students answer up to similar topic.

## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q66-Q71):

### NEW QUESTION # 66

You are evaluating an adult female who has had a seizure. Her husband tells you that his wife seemed confused and her arms and legs began twitching uncontrollably. He also reports that before the twitching began her sense of smell was affected and she thought she was hearing her deceased father talking to her. With these symptoms, your most likely diagnosis will be which of the following?

- A. myoclonic seizure
- B. grand mal seizure
- C. simple focal seizure
- D. complex partial seizure

**Answer: D**

Explanation:

The symptoms described by the husband of the patient, including confusion, twitching of arms and legs, altered sense of smell, and auditory hallucinations (hearing her deceased father talking to her), suggest a diagnosis of a complex partial seizure. Complex partial seizures, also referred to as focal seizures with impaired awareness, involve a change or loss of consciousness or awareness and can manifest with various sensory, motor, or autonomic symptoms. These seizures often appear as if the person is daydreaming or "zoned out." Complex partial seizures originate in one hemisphere of the brain and do not typically involve the whole brain, which differentiates them from generalized seizures like grand mal seizures. The manifestations can vary widely depending on the specific brain region affected. For example, the temporal lobe is commonly involved in complex partial seizures, which can lead to auditory or olfactory hallucinations, emotional changes, or gastro-intestinal sensations.

In contrast, other seizure types such as grand mal seizures (now commonly referred to as tonic-clonic seizures) involve both hemispheres of the brain and are characterized by a loss of consciousness and violent muscle contractions. Simple focal seizures involve one area of the brain and do not result in loss of consciousness. Myoclonic seizures are brief, shock-like jerks of a muscle or a group of muscles.

Given the reported symptoms of sensory hallucinations, twitching (which could represent focal motor seizures), and altered mental status, the most fitting diagnosis would be a complex partial seizure. It is important to further evaluate and monitor the patient, ideally under the care of a neurologist, for a comprehensive assessment including an EEG (electroencephalogram) which can help in confirming the diagnosis and planning the management strategy.

### NEW QUESTION # 67

If movement is going toward the body it would be considered \_\_\_\_\_?

- A. Distal
- B. Adduction
- C. Abduction
- D. Proximal

**Answer: B**

Explanation:

The question refers to a specific type of movement relative to the midline of the body. In anatomical terms, movements that bring a limb or other part closer to the sagittal plane (the plane that divides the body into left and right halves) are classified as adduction. Therefore, if the movement is going toward the body, it is considered **adduction**.

**Adduction** is often confused with **abduction**, which is essentially the opposite. Abduction is the movement that takes a limb or other part away from the midline of the body. For example, raising your arms sideways away from your body is an abduction movement.

To further clarify, these terms are also relative to other anatomical directional terms such as **distal** and **proximal**.

**Distal** refers to a body part that is further away from the center of the body (or from the point of attachment of a limb to the body), whereas **proximal** refers to a body part that is closer to the center of the body (or to the point of attachment).

Therefore, in the context of your original question, if movement is going toward the body, it is definitively termed as **adduction**. This terminology helps in understanding movement patterns, especially in fields like anatomy, physical therapy, and sports science.

### NEW QUESTION # 68

The mnemonic "SAD CUB" is used to help remember the anticholinergic side effects. Which of the following would the "D" stand for?

- A. Disorientation
- B. Dyspnea
- C. Diarrhea
- **D. Dry mouth**

**Answer: D**

Explanation:

The mnemonic "SAD CUB" is used to help remember the common side effects of anticholinergic drugs. Each letter in the mnemonic represents a different side effect. The "D" in "SAD CUB" specifically stands for "Dry mouth." This side effect is one of the most typical symptoms experienced by individuals taking medications with anticholinergic properties, which work by blocking the action of the neurotransmitter acetylcholine in the brain and body.

To further break down the mnemonic: - "S" stands for Sedation, which reflects the drowsiness or sleepiness that can occur with anticholinergic use. - "A" represents Anorexia, indicating a possible decrease in appetite. - "D" for Dry mouth, highlighting reduced saliva production, which can make the mouth feel unusually dry. - "C" stands for Confusion and Constipation, where confusion denotes cognitive impairment, and constipation is a common digestive issue related to reduced gastrointestinal motility. - "U" signifies Urinary retention, a condition where the bladder fails to empty completely. - "B" indicates BPH (Benign Prostatic Hyperplasia) exacerbation, where symptoms of enlarged prostate can worsen.

Each of these side effects is essential to monitor in patients receiving anticholinergic therapy, as they can impact quality of life and may require adjustments in medication or additional treatment to manage the symptoms. Knowing this mnemonic helps healthcare providers quickly recall the spectrum of anticholinergic side effects to better assist and monitor their patients.

### NEW QUESTION # 69

According to the CDC an obese person would have a Body Mass Index (BMI) of:

- **A. greater than or equal to 30**
- B. greater than or equal to 18.5
- C. greater than or equal to 25
- D. greater than or equal to 40

**Answer: A**

Explanation:

Body Mass Index (BMI) is a widely used measure to classify different weight categories in adults. It is calculated by dividing a person's weight in kilograms by the square of their height in meters. The Centers for Disease Control and Prevention (CDC) uses BMI to define various weight statuses, which include underweight, normal or healthy weight, overweight, and obesity.

According to the CDC, an obese person is one who has a Body Mass Index (BMI) of 30 or higher. This categorization helps in identifying individuals who may be at higher risk for common health conditions associated with obesity, such as heart disease, stroke, type 2 diabetes, and certain types of cancer.

The BMI ranges are defined as follows: - A BMI less than 18.5 is considered underweight. - A BMI from 18.5 to 24.9 is considered a healthy or normal weight. - A BMI from 25 to 29.9 is considered overweight. - A BMI of 30 or higher is categorized as obesity.

For example, someone with a BMI of 30 or more is placed in the obesity category, which indicates that their body weight is greater than what is generally considered healthy for their height. This classification is critical as it alerts healthcare providers and individuals to potential health risks and serves as a prompt for further assessment, intervention, and management.

It is important to note, however, that while BMI is a useful tool for population-level assessments and general guidance, it may not perfectly correspond to the same degree of fatness or health risk in different individuals. Factors such as muscle mass, ethnic background, and age can influence the relationship between BMI and body fat. Therefore, individuals should consult healthcare providers for assessments tailored to their personal health profile.

### NEW QUESTION # 70

our patient has been diagnosed with Parkinson's disease. He has been taking carbidopa and levodopa orally for 10 days and is concerned that it is not helping to control his symptoms. What would be the appropriate response to his concern?

- A. Make sure that the patient is taking the medication properly.

- B. Ask the patient if he is adhering to the recommended diet.
- C. Immediately notify his health care provider that the medication has not been effective.
- D. Tell the patient that it takes 1 to 2 months before the medication is effective in controlling symptoms.

**Answer: D**

Explanation:

Parkinson's disease is a chronic and progressive neurological disorder that primarily affects motor function due to the loss of dopamine-producing brain cells. The medications carbidopa and levodopa are commonly prescribed to manage the symptoms of Parkinson's disease. Levodopa is a precursor of dopamine, which means it can be converted into dopamine in the brain, thus supplementing the decreased levels of this neurotransmitter. Carbidopa is combined with levodopa to prevent the early conversion of levodopa to dopamine outside the brain, which enhances its effectiveness and reduces side effects.

When a patient starts taking carbidopa and levodopa, it's essential to understand that the response to this treatment doesn't occur immediately. Initially, the body may need time to adjust to the medication, and the brain's remaining dopamine-producing cells may take time to respond to the increased availability of levodopa. This adjustment period can vary significantly among individuals.

Typically, it can take anywhere from 1 to 2 months to observe notable improvements in the symptoms. In some cases, it might even require up to 6 months for the full effects of the medication to manifest.

Given that your patient has only been on carbidopa and levodopa for 10 days, it is quite early to expect significant changes in symptoms. It is essential to manage the patient's expectations and reassure them that this timeline is normal. During this period, the healthcare provider should monitor the patient's progress and make any necessary adjustments to the dosage. Additionally, ensuring that the patient adheres to the medication schedule and follows any dietary recommendations can also influence the effectiveness of the treatment.

Therefore, the appropriate response to your patient's concern about the medication not helping yet would be to reassure him that it typically takes 1 to 2 months, and sometimes longer, to see improvements. Encourage him to continue taking the medication as prescribed and to keep a record of his symptoms to discuss during follow-up visits. This ongoing monitoring and communication with the healthcare provider are crucial for adjusting treatment plans and managing the symptoms of Parkinson's disease effectively.

## NEW QUESTION # 71

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