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- B. Only attribute-based totals can be added to the planning view.
- C. The values of the attribute-based total at the highest attribute level in the planning level can be changed.
- D. The total number of attributes that can use subtotals in the planning view can be restricted.

Antwort: A,D

79. Frage

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Nursing AANP Family Nurse Practitioner (AANP-FNP) AANP-FNP Prüfungsfragen mit Lösungen (Q80-Q85):

80. Frage

If a patient comes to the clinic complaining of an abrupt onset of unilateral facial paralysis with no other symptoms, which of the following might the nurse practitioner suspect?

- A. Tic Douloureux
- B. Temporal arteritis
- C. Bell's palsy
- D. Polymyalgia rheumatica

Antwort: C

Begründung:

When a patient presents with the sudden onset of unilateral facial paralysis and no accompanying symptoms, Bell's palsy is a primary condition to consider. Bell's palsy is a neurological disorder that results in temporary weakness or paralysis of the facial muscles.

This condition is thought to stem from inflammation or compression of the facial nerve, known as cranial nerve VII. The exact cause of this inflammation is not always clear, but it is often linked to viral infections that can cause swelling of the nerve.

The hallmark of Bell's palsy is the rapid onset of paralysis, typically unfolding over hours to a day, and generally affecting only one side of the face. Patients may notice that they are unable to move their facial muscles on the affected side. This can include the inability to close the eye, raise the eyebrow, smile, or frown on that side. The face might look drooped or asymmetrical. Despite the dramatic presentation, most patients with Bell's palsy experience a significant improvement in symptoms within weeks, and complete recovery is possible within several months.

While Bell's palsy is a likely diagnosis in cases of sudden unilateral facial paralysis, other conditions might also be considered. These include: - **Tic Douloureux (Trigeminal Neuralgia)**: This condition affects the trigeminal nerve, another cranial nerve, but it is characterized by severe, episodic facial pain rather than muscle paralysis. - **Temporal arteritis**: This involves inflammation of the arteries in the temple area of the head. It can cause pain and, in severe cases, vision loss, rather than facial paralysis. -

Polymyalgia rheumatica: This is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips, rather than isolated facial paralysis.

Given these alternatives, Bell's palsy remains the most consistent with the symptoms of abrupt unilateral facial paralysis without other accompanying signs. Diagnosis is typically clinical but can be supported by ruling out other causes through patient history, physical examination, and possibly imaging or other diagnostic tests. Treatment for Bell's palsy may involve corticosteroids to reduce inflammation and swelling around the facial nerve. In some cases, antiviral medications may be used, especially if a viral infection is suspected to be the underlying cause.

81. Frage

There are signs of jaundice in the newborn that you are examining. What will you use to determine the approximate level of jaundice in this newborn?

- A. Kramer's rule
- B. George's rule
- C. Azabo's rule
- D. White's rule

Antwort: A

Begründung:

To determine the approximate level of jaundice in a newborn, Kramer's rule is commonly used. This method provides an estimation of bilirubin levels based on the extent of yellow discoloration observed in different parts of the infant's body.

Kramer's rule involves visually inspecting the newborn's skin and correlating the level of jaundice based on the anatomic progression of skin yellowing. The examination should be conducted in natural light, which provides the most accurate assessment of skin color.

To perform the evaluation, a healthcare provider presses on the skin to blanch it and then observes the color as the skin returns to its normal state. This blanching technique helps differentiate the yellow color of the skin caused by jaundice from the underlying skin pigmentation.

The progression of jaundice according to Kramer's rule is typically graded as follows: - Grade 1: Yellowing of the skin appears only on the face, particularly the forehead and nose. - Grade 2: The yellow color extends down to the chest and abdomen. - Grade 3: Jaundice is visible on the arms and thighs. - Grade 4: The lower extremities (legs and feet) also show yellow discoloration.

Each grade corresponds to higher levels of bilirubin in the bloodstream, with the extent of body involvement suggesting more severe jaundice. For example, if jaundice is observed only on the face (Grade 1), it suggests a lower level of bilirubin compared to jaundice that has progressed to the legs and feet (Grade 4).

It is important to note that while Kramer's rule provides a quick and non-invasive way to estimate the severity of jaundice, it is not definitive. For accurate measurement of bilirubin levels, laboratory tests such as a serum bilirubin test are necessary. Moreover, in cases where the clinical assessment and the severity of jaundice are uncertain, or if the newborn shows signs of illness, further diagnostic evaluation and intervention may be required.

82. Frage

Which of the following is a conclusion reached based on the evidence of the patient's symptoms and signs?

- A. Goal.
- B. Cue.
- C. Inference.
- D. Syndrome.

Antwort: C

Begründung:

Dyspnea, commonly known as difficulty breathing, is classified as an inference in the context of nursing. This classification is based on how symptoms are interpreted to form a nursing diagnosis.

In nursing, an inference refers to a conclusion reached based on the evidence of the patient's symptoms and signs. Unlike a medical diagnosis, which identifies a specific disease or medical condition, a nursing diagnosis focuses on the patient's response to health conditions or life processes. Dyspnea itself is a symptom reported by the patient or observed by the nurse. The nurse uses this information, along with other signs and symptoms, to infer the patient's overall health status or potential health problems.

For example, if a patient reports dyspnea, the nurse must assess the severity, duration, and context of this symptom. The nurse will also consider other relevant factors such as the patient's medical history, physical examination, and possibly results from diagnostic tests. The inference here is to determine what the dyspnea implies about the patient's health, which could range from heart problems, lung issues like asthma or COPD, to anxiety disorders.

Therefore, dyspnea as an inference is crucial in forming a comprehensive nursing diagnosis, which guides the planning and implementation of nursing interventions. The aim is to alleviate symptoms, provide comfort, and address the root cause if possible, within the scope of nursing practice. Hence, understanding dyspnea as an inference helps in the effective management of patient care, emphasizing the importance of clinical judgment and the interpretive role of nurses in healthcare.

83. Frage

A 16 year old cheerleader comes in with a chronic case of laryngitis. The condition is worsening even though she has been resting her voice and there is no sign of infection. What step do you take?

- A. Prescribe antibiotics.
- B. Refer to a specialist.
- C. CB
- D. X-ray.

Antwort: B

Begründung:

In the scenario of a 16-year-old cheerleader presenting with chronic laryngitis without signs of infection and no improvement despite voice rest, the appropriate step is to refer her to a specialist. Laryngitis, which is an inflammation of the larynx, typically resolves on its own, particularly if it is caused by a temporary factor such as a viral infection or overuse of the voice. However, chronic laryngitis that persists for an extended period and does not respond to usual care measures warrants further investigation.

Chronic laryngitis can be caused by various factors beyond a simple infection, including vocal cord strain or misuse, allergies, acid reflux, smoking, or more serious conditions such as growths on the vocal cords (such as nodules or polyps). The absence of infection and the worsening condition despite voice rest suggests that there might be an underlying issue that needs specialized evaluation.

Referring the patient to a specialist, such as an otolaryngologist (ENT specialist), is crucial. An ENT specialist can perform a detailed examination of the larynx, possibly using tools like laryngoscopy, which allows for a closer look at the vocal cords and larynx. This can help in diagnosing the exact cause of the laryngitis and ruling out more serious conditions.

The decision against prescribing antibiotics is justified because there is no evidence of bacterial infection, and the use of antibiotics without bacterial infection can contribute to antibiotic resistance and cause unnecessary side effects. Similarly, ordering an X-ray or a

complete blood count (CBC) might not be immediately relevant if there is no indication of infection or systemic illness, which seems to be the case here.

In summary, the best course of action in this situation is to refer the patient to a specialist who can conduct a thorough assessment and provide a targeted treatment plan. This approach helps in ensuring accurate diagnosis and appropriate management, thereby preventing potential complications from incorrect or delayed treatment.

84. Frage

Your 34-year-old female patient has been vomiting blood and her stools appear black and tarry. She complains of abdominal cramping. Which of the following is most likely to cause these signs and symptoms?

- A. hemorrhoids
- B. hepatitis
- C. gastrointestinal bleeding
- D. diverticulosis

Antwort: C

Begründung:

Hemorrhoids are a common condition where veins in the rectal area become swollen and inflamed. Typically, hemorrhoids cause symptoms such as itching, discomfort, and bleeding during bowel movements. The bleeding seen with hemorrhoids is usually bright red and noticed on the toilet paper or in the toilet bowl. Hemorrhoids are less likely to cause severe bleeding or black, tarry stools, which are indicative of bleeding higher up in the gastrointestinal tract.

Gastrointestinal bleeding refers to any bleeding that occurs within the gastrointestinal tract, which extends from the mouth to the anus. This type of bleeding can manifest in various ways depending on the location and severity of the bleed. Vomiting blood (hematemesis) and having black, tarry stools (melena) are symptoms often associated with significant GI bleeding, possibly from the stomach or upper intestines. Such bleeding can be caused by a variety of conditions including peptic ulcers, gastritis, or esophageal varices, and warrants immediate medical attention.

Diverticulosis involves the formation of small pouches (diverticula) in the wall of the colon. While these pouches themselves may not cause discomfort, if they become inflamed or bleed, it can result in diverticulitis or diverticular bleeding. However, bleeding from diverticulosis is generally painless and would not typically be accompanied by abdominal cramping, although it can cause red blood or dark stools if the bleeding is substantial.

Hepatitis, an inflammation of the liver, usually does not directly cause GI bleeding. Symptoms of hepatitis include jaundice (yellowing of the skin and eyes), fatigue, and abdominal pain, but not typically vomiting of blood or black, tarry stools unless there is an associated severe liver disease such as cirrhosis leading to complications like esophageal varices, which can bleed.

Given the symptoms described - vomiting blood and black, tarry stools accompanied by abdominal cramping - the most likely cause among the options provided is gastrointestinal bleeding. This condition is serious and can be life-threatening, requiring urgent medical evaluation to identify the source of the bleed and initiate appropriate treatment.

85. Frage

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