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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q74-Q79):

NEW QUESTION # 74

Which of the following statements about calcium channel blockers (CCBs) is incorrect?

- A. CCBs depress heart muscle and the AV node.
- B. Bradycardia is a contraindication to the use of CCBs.
- **C. Enalapril is the most commonly used CCB.**
- D. Amlodipine is a CCB drug.

Answer: C

Explanation:

The question provided asks to identify an incorrect statement about calcium channel blockers (CCBs). The statement that "Enalapril is the most commonly used CCB" is incorrect because Enalapril is not a calcium channel blocker; it is an ACE (Angiotensin-Converting Enzyme) inhibitor. ACE inhibitors are a class of medication used primarily for the treatment of hypertension and congestive heart failure. They work by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor, thereby lowering blood pressure.

Calcium channel blockers, on the other hand, function by blocking voltage-gated calcium channels in the heart and blood vessels. By inhibiting these channels, CCBs reduce the influx of calcium ions during the cardiac action potential. This leads to a decrease in cardiac contractility and conductivity, particularly in the atrioventricular (AV) node, and causes vasodilation of the peripheral arterioles. The overall effect is a reduction in heart rate and a lowering of peripheral vascular resistance (PVR), which helps in reducing blood pressure. Examples of commonly used CCBs include amlodipine, verapamil, and diltiazem.

Given the mechanisms and the specific targets of these drugs within the cardiovascular system, it is clear that enalapril, being an ACE inhibitor, does not share the same mechanism of action as CCBs. Therefore, stating that enalapril is a CCB is factually incorrect. This highlights the importance of correctly understanding and categorizing cardiovascular medications due to their differing impacts on the heart and circulatory system.

NEW QUESTION # 75

A mother brings her 4-year-old son into the clinic for a routine checkup. The mother complains that the child misbehaves and will not listen to her no matter what she does. The FNP suggests a "time out" for the child when he misbehaves. Which statement in regard to a "time out" for children is most accurate?

- A. "Time outs" should not be used until a child is at the age of reason.
- **B. The child should sit still in the "time out" for as many minutes as his age in years.**
- C. The "time out" should last for at least 10 minutes.
- D. The child should be allowed to do something constructive during the "time out."

Answer: B

Explanation:

The concept of "time out" as a disciplinary method for children is one based on the principle of removing a child from an environment where inappropriate behavior has occurred, thereby giving them time to calm down and reflect on their actions. The effectiveness of this method lies in its simplicity and direct association with behavioral correction. When considering how long a "time out" should last, the general guideline suggests that the duration should correspond to the child's age - one minute per year of age. This recommendation is based on developmental appropriateness, ensuring that the punishment is neither too lenient nor overly harsh for the child's emotional and cognitive abilities.

For a 4-year-old child, as in the scenario provided, a "time out" should therefore last for four minutes. This time frame is sufficient to serve as a reminder of the consequences of misbehavior without causing undue distress or anxiety. During this time, it is crucial that the child is seated quietly without engaging in any activities such as reading or drawing. This lack of stimulation serves as a part of the corrective experience, emphasizing the pause from regular activities and creating a distinct contrast to normal play or interaction times.

The purpose of having the child sit still without distractions is to help them internalize the reason for the "time out" and to recognize the significance of their previous actions that led to this consequence. This method helps in fostering self-regulation and understanding of the impact of one's actions on others. Activities or distractions could undermine the effectiveness of the "time out," reducing its impact as a disciplinary measure.

It is essential, however, for parents or caregivers to explain to the child both the reason for the "time out" and what behavior is expected going forward. This explanation should be done calmly and clearly before and after the "time out" period to reinforce learning and correction. Understanding the reasons for consequences is crucial for the child's developmental learning and emotional growth.

Overall, the use of "time out" focused on the age-appropriate timing and conditions promotes an understanding of boundaries and acceptable behavior in a manner that respects the child's developmental stage. This approach not only helps in managing behavior at the moment but also aids in the broader aspect of character formation and social adaptation as the child grows.

NEW QUESTION # 76

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. Diarrhea
- C. Dyspnea
- **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 # 77

You are assessing an elderly patient and upon examination, you note severe dehydration. You know that rapid fluid resuscitation must be done to prevent which of the following?

- A. hypertension
- B. thyroid dysfunction
- **C. hypovolemia**
- D. adrenal dysfunction

Answer: C

Explanation:

The question addresses the management of severe dehydration in an elderly patient and the rationale for rapid fluid resuscitation to prevent specific complications. The correct answer to this question, based on the provided options, is hypovolemia. Here is an expanded explanation for each of the provided options:

****Hypovolemia:**** Hypovolemia refers to a decrease in the volume of blood plasma in the body and is a direct consequence of severe dehydration. When the body loses more fluid than it takes in, blood volume decreases, leading to reduced perfusion of tissues and organs. This can cause multiple organ dysfunction and severe health complications if not corrected promptly. Rapid fluid resuscitation using intravenous fluids is vital in such cases because it allows for immediate restoration of blood volume, ensuring that vital organs continue to receive adequate blood supply essential for their functioning.

****Adrenal Dysfunction:**** While severe dehydration can impact various bodily functions, adrenal dysfunction (specifically related to acute adrenal crisis) is typically not directly caused by dehydration. Adrenal crises are more commonly triggered by a lack of cortisol, a hormone produced by the adrenal glands. However, severe dehydration can exacerbate an underlying adrenal insufficiency by contributing to hypovolemia and subsequent hypotension, which can then complicate an existing adrenal crisis. Nonetheless, the primary concern in rapid rehydration is not specifically directed at preventing adrenal dysfunction but rather at correcting the hypovolemia.

****Thyroid Dysfunction:**** Thyroid dysfunction, which involves abnormal production of thyroid hormones, is not directly caused by dehydration. Disorders such as hypothyroidism or hyperthyroidism have etiologies rooted in autoimmune diseases, dietary deficiencies, or other endocrine imbalances, rather than hydration status. While severe illness can impact overall thyroid function (sick euthyroid syndrome), the immediate treatment of severe dehydration with IV fluids primarily targets the restoration of normal circulatory volume rather than addressing thyroid hormone levels.

****Hypertension:**** Hypertension (high blood pressure) is generally not a direct consequence of dehydration. In fact, dehydration more commonly leads to lowered blood pressure due to reduced blood volume (hypovolemia). Therefore, while fluid resuscitation

might indirectly affect blood pressure by normalizing blood volume, the primary aim of treating severe dehydration with rapid IV fluids is to prevent the drop in blood pressure and associated complications from hypovolemia, rather than to prevent or treat hypertension. In summary, rapid fluid resuscitation in the context of severe dehydration is predominantly aimed at preventing hypovolemia and its potentially life-threatening complications.

NEW QUESTION # 78

Christopher is a 3-year-old patient with scabies. You prescribe permethrin 5% (Elimite) for him. You tell Christopher's parents all of the following in regards to using this medication EXCEPT:

- A. Leave the cream on 8 to 12 hours and then remove by showering.
- B. Apply cream to the entire body while the skin is wet from shower or bath.
- C. One ounce of the cream is sufficient for one application.
- D. Precede the treatment with a warm bath.

Answer: B

Explanation:

When providing instructions for the use of permethrin 5% (Elimite) cream for the treatment of scabies in a 3-year-old child, it's crucial to follow the correct application protocol to ensure the effectiveness of the treatment and minimize discomfort or adverse effects. Here's an expanded explanation of how to use the medication properly:

Permethrin cream is a topical medication used to treat scabies, which is caused by a mite infestation in the skin. The first step in the application of this medication involves preparing the child's skin. It is recommended to give the child a warm bath before applying the cream. This helps to soften the skin and may enhance the absorption of the medication. However, contrary to what might seem intuitive, it is important not to apply the cream while the child's skin is still wet.

After the bath, the child should be thoroughly dried. The skin should also be allowed to cool down to normal temperature. Applying the cream to wet or warm skin can lead to increased absorption of the cream, which might increase the risk of side effects. Once the child's skin is dry and has returned to a normal temperature, you can proceed with the application of the cream.

Permethrin cream should be applied to the entire body from the neck down. Special attention should be given to areas that might be easily overlooked, such as the navel, between the toes and fingers, and under the arms. In infants and young children, it is also important to cover the scalp, temples, and forehead. Care should be taken to apply the cream in all creases and crevices of the body where mites might be hiding.

The amount of cream needed can vary depending on the size of the child, but typically, one ounce is sufficient for one application on a young child. The cream should be left on the skin for 8 to 12 hours, usually applied at bedtime and washed off in the morning. This duration allows the medication to work effectively against the mites.

After the treatment period, the cream should be washed off by bathing or showering. It is important to wash all linens, towels, and clothing that have been in contact with the infested skin to prevent re-infestation.

Following these detailed steps assures that the treatment is both safe and effective, minimizing the potential for skin irritation or other side effects, and maximizing the likelihood of eliminating the scabies mites completely. Always consult a healthcare provider for any questions or if re-treatment is necessary, as misuse or incorrect application can lead to treatment failure or re-infestation.

NEW QUESTION # 79

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