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Cranial nerves responsible for extraocular movements? - ANSWER a. 2, 3, 6?
b. 3, 4, 6?

Patient with hx of hypertension and stroke, now having memory loss and confusion - indicates what? - ANSWER a. Alzheimer's
b. Vascular Dementia?: Vascular dementia refers to a progressive decline in memory and cognitive functioning caused by a blockage or reduction in the blood flow to the brain. While there is no known cure, you can learn to manage symptoms, prevent further strokes, and enjoy a full, rewarding life.

CAGE acronym - ANSWER 1. Have you ever felt you needed to Cut down on your drinking?

2. Have people Annoyed you by criticizing your drinking?

3. Have you ever felt Guilty about drinking?

4. Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?

Treatment for chronic alcoholism? - ANSWER Patient has to express help needed to quit drinking is critical. The patient should be given a list of options for treatment including AA and pharmacotherapy.

Frail elderly mammogram breast tissue? - ANSWER ?

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q39-Q44):

NEW QUESTION # 39

Which of the following diagnostic tests would not typically be done for a patient with primary hypertension in stage 1?

- A. creatinine
- B. glucose tolerance
- C. potassium
- D. hematocrit

Answer: B

Explanation:

Hypertension, or high blood pressure, is commonly classified into various stages to guide treatment and management strategies. Stage 1 hypertension is defined by the American Heart Association as having a systolic blood pressure between 130-139 mm Hg or a diastolic blood pressure between 80-89 mm Hg. Individuals diagnosed with stage 1 hypertension are typically at a higher risk for cardiovascular disease compared to those with normal blood pressure but do not yet require the extensive diagnostic testing that might be necessary for more severe stages or complicated cases of hypertension.

When managing a patient with stage 1 hypertension, the focus is often on lifestyle modifications and, in some cases, initiating pharmacotherapy to control blood pressure. Common initial treatments include the administration of thiazide diuretics, which are effective for lowering blood pressure in many patients. The diagnostic tests recommended at this stage are usually aimed at establishing a baseline and checking for any organ damage or other conditions that might be contributing to the hypertension. Typical tests for a stage 1 hypertension patient might include: - **Blood tests to check kidney function (creatinine, blood urea nitrogen)** - **Electrolytes (potassium, sodium) to monitor for imbalances** - **Complete blood count (hematocrit and others) to rule out anemia or signs of other systemic issues** However, a **glucose tolerance test**, which measures the body's ability to use glucose effectively and is used to diagnose diabetes mellitus, is not typically a standard part of the initial assessment for a patient with stage 1 hypertension unless there is a specific reason to suspect glucose metabolism issues (such as a history of diabetes or signs of metabolic syndrome). While patients with hypertension are at increased risk for diabetes, the decision to perform a glucose tolerance test would be based on additional clinical signs or risk factors rather than hypertension alone.

The rationale behind focusing on certain tests and not others is based on the most common and immediate risks associated with the specific stage of hypertension. As the management of hypertension is tailored to the severity and the individual patient's risk factors, not all tests are necessary or relevant for every patient. In the case of stage 1 hypertension, the priority is to control blood pressure and assess for any immediate complications that could be managed with early intervention, thus optimizing the patient's long-term health outcomes.

NEW QUESTION # 40

Leukocytosis is a high white blood cell count which indicates an increase in disease-fighting cells in the blood. Which of the following should be done for diagnostic tests and interpretation?

- A. cell count and differential
- B. percutaneous needle aspiration
- C. Tzanck smear
- D. oil emersion light microscopy

Answer: A

Explanation:

Leukocytosis is characterized by an abnormal increase in the number of white blood cells (WBCs) in the blood, primarily as a response to infection, inflammation, or other stimuli that engage the body's immune response. To diagnose and interpret the causes and nature of leukocytosis, several diagnostic tests can be performed:

****Cell Count and Differential:**** This is a fundamental test in the evaluation of leukocytosis. A complete blood count (CBC) provides the total number of white blood cells. The differential count, which is part of the CBC, breaks down the total count into the percentages of different types of white blood cells (neutrophils, lymphocytes, monocytes, eosinophils, and basophils). Each of these cell types plays a different role in the immune response and their relative proportions can indicate specific types of infections or conditions. For example, an increase in neutrophils often suggests a bacterial infection, whereas elevated lymphocytes may indicate a viral infection.

****Percutaneous Needle Aspiration:**** Although not a standard test for the direct assessment of leukocytosis, percutaneous needle aspiration can be used to collect samples from specific areas of inflammation or infection. Analyzing these samples can help identify the underlying cause of localized leukocytosis.

****Tzanck Smear:**** This test is specifically useful for diagnosing infections caused by herpes viruses. It involves scraping cells from a lesion and examining them under a microscope. While it doesn't directly evaluate leukocytosis, it can help determine if a herpetic infection is the cause of an increased white blood cell count.

****Oil Immersion Light Microscopy:**** This technique involves using a microscope with an oil immersion lens to achieve a higher resolution image of blood cells. It is particularly useful for identifying fine morphological details of cells that might indicate specific types of blood disorders or infections contributing to leukocytosis. The normal ratio of one band cell (an immature neutrophil) for every ten neutrophils in circulation is a useful benchmark in the differential diagnosis. A higher ratio of band cells (a condition known as "left shift") can indicate an active infection or inflammation, prompting further investigation. In summary, the combination of a complete blood count with a differential, along with targeted diagnostic tests like percutaneous needle aspiration or a Tzanck smear, depending on the clinical context, is crucial for accurately diagnosing the cause of leukocytosis and guiding appropriate treatment strategies.

NEW QUESTION # 41

Which of the following physiological changes would NOT be seen during pregnancy?

- A. Cardiac output decreases by 1/3 by the last two trimesters.
- B. Plasma volume will increase 50% by the end of the third trimester.
- C. The thyroid becomes diffusely enlarged by up to 15%.
- D. Hemoglobin and hematocrit are decreased.

Answer: A

Explanation:

During pregnancy, numerous physiological changes occur to support the developing fetus and prepare the mother's body for labor. Understanding these changes is important not only for medical professionals but also for expectant mothers to recognize what is normal during pregnancy. Here, we will discuss why the statement that "Cardiac output decreases by 1/3 by the last two trimesters" is incorrect, and what actually happens to cardiac output during pregnancy.

Firstly, cardiac output, which is the amount of blood pumped by the heart per minute, actually increases during pregnancy, not decreases. This increase is necessary to accommodate the enhanced metabolic needs of the mother and the growing fetus. Typically, cardiac output increases by about 30-50% by the end of the third trimester compared to pre-pregnancy levels. This increase is facilitated by an increase in both the heart rate (tachycardia) and stroke volume (the amount of blood ejected with each heartbeat). The initial statement that cardiac output decreases by 1/3 during the last two trimesters is therefore incorrect. The rise in cardiac output begins as early as the first trimester and peaks during the mid-second to third trimesters. This physiological adaptation helps to transport sufficient oxygen and nutrients to the fetus via the placenta and also supports the mother's increased metabolic demands. Other changes that accompany the increase in cardiac output include a decrease in systemic vascular resistance and an increase in blood volume. Plasma volume may increase by as much as 50%, which dilutes red blood cells leading to physiological anemia, often referred to as dilutional anemia of pregnancy. The heart may also enlarge slightly during pregnancy due to increased workload. Additionally, the statement mentions other physiological changes like the diffuse enlargement of the thyroid gland. Indeed, the thyroid gland can become slightly enlarged during pregnancy due to increased demands for thyroid hormones, which are crucial for fetal development, particularly brain development.

In summary, the correct physiological change during pregnancy regarding cardiac output is an increase, not a decrease. This increase is a crucial adaptation that helps meet the heightened metabolic demands of both the mother and fetus. Misunderstanding such fundamental changes can lead to confusion about what is normal in pregnancy and potentially misguide clinical assessments and interventions.

NEW QUESTION # 42

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

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

Answer: B

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 # 43

When conducting a cultural assessment, which of the following is most likely to be a question you would ask?

- **A. All of the above.**
- B. What medications the patient takes.
- C. What the major support systems in the patient's family are.
- D. What foods the patient eats regularly.

Answer: A

Explanation:

When conducting a cultural assessment, it is essential to ask a variety of questions that cover different aspects of a patient's life to get a comprehensive understanding of their cultural background. Each question aims to uncover specific cultural practices and beliefs that can significantly influence health care outcomes. Below are some typical questions that might be asked during such an assessment, with explanations for why they are important.

"What are the major support systems in the patient's family?" This question helps to understand the patient's family dynamics and social support networks. Knowing who the patient turns to in times of need can provide insights into their stress relief mechanisms and emotional support structures. It also helps in planning patient care, particularly after discharge or during long-term treatment, ensuring that the patient has a reliable support system to aid in recovery and adherence to medical advice.

"What foods does the patient eat regularly?" This question is crucial as it not only gives insight into the patient's dietary habits but also highlights cultural foods or dietary practices that may need to be considered in their care plan. Dietary habits can affect various health aspects, including allergies, metabolic processes, and even the effectiveness of prescribed medications. Understanding a patient's regular diet can aid in creating a nutrition plan that respects their cultural preferences while addressing any health issues.

"What medications does the patient take?" This question is standard in most medical assessments but gains additional layers in a cultural context. Some cultures use traditional remedies that may interact with conventional drugs. Understanding all substances the patient uses—medicinal or otherwise—enables safer prescribing and helps prevent adverse drug interactions. Additionally, some patients might prioritize traditional medicines over modern treatments, and knowing this preference can facilitate more culturally sensitive and effective communication about healthcare options.

Overall, each of these questions serves to build a fuller picture of the patient's cultural context, which is essential for providing culturally competent care. Understanding a patient's cultural background can greatly enhance the effectiveness of treatment by aligning medical advice with cultural practices, thus improving patient adherence and satisfaction with the healthcare process.

NEW QUESTION # 44

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