

Questions AANP-FNP Exam | Exam AANP-FNP Answers

AANP FNP certification Exam 2023 Questions with correct Answers

All diastolic murmurs are pathological. Murmurs Grades I-barely II-audible III- clearly audible, IV- first time thrill V-Steth edge VI-entire steth. EXAM - ANSWER-III first time audible, IV first time thrill

Fundal height 12 weeks - ANSWER-Fundal Height 12 weeks above symphysis pubis. EXAM

Fundus 16 weeks between symphysis pubis and umbilicus.

Fundus at 20 weeks is at umbilicus.

2 cm more or less from # of wk gestation is normal if more or less order US

3 month old infant with down syndrome, due to milk intolerance, mom started on goats milk; now has pale conjunctiva but otherwise healthy. Low HCT. What additional test would you order? - ANSWER-Iron, TIBC

3 months of synthroid, TSH increased, T4 normal, what do you do? - ANSWER-Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss - ANSWER-Mini mental exam

4 month old with strabismus, mom is worried..... - ANSWER-tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? - ANSWER-Growth chart

6 month old closed anterior fontanel. - ANSWER-XRAY

Abnormal cells on PAP, what do you do next? - ANSWER-Refer for Colposcopy

CAGE ACRONYM - ANSWER-Cut down
Annoyed by criticism
Guilty about drinking
Eye opener drink

Causes of tachycardia - ANSWER-Fever
Anemia
Hypotension

Cranial nerves responsible for extraocular eye movements - ANSWER-CN 3,4,6

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>> Questions AANP-FNP Exam <<

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q64-Q69):

NEW QUESTION # 64

In terms of elder abuse, which of the following statements is least accurate?

- A. 90% of abusers of older adults are reported to be family members.
- B. Only infants are more likely to sustain serious injury from physical abuse than the elderly.
- **C. Approximately 1% of older adults are neglected or abused in the United States.**
- D. Only one in fourteen elder abuse cases is reported.

Answer: C

Explanation:

The statement that "approximately 1% of older adults are neglected or abused in the United States" is significantly inaccurate. Research and statistics show that the prevalence of elder abuse is much higher. Estimates indicate that around 10% of older adults experience some form of neglect or abuse, including physical, emotional, sexual abuse, or financial exploitation. This discrepancy highlights the need for greater awareness and more accurate data collection regarding elder abuse.

Elder abuse remains a critical public health and societal issue, and it often goes underreported. Studies suggest that only about one in fourteen cases of elder abuse are reported to authorities, which means the actual numbers might be even higher than the estimates. The reasons for underreporting are complex and include factors such as the victim's fear of retaliation, dependency on the abuser, and lack of awareness about available help.

In terms of the demographics of abusers, it is reported that family members are the perpetrators in approximately 90% of elder abuse cases. This can make it even more challenging for victims to report the abuse, as it involves people within their immediate family circle. The dynamics of family relationships, combined with dependency and emotional bonds, complicate the recognition and reporting of abuse.

Health care providers play a crucial role in identifying and reporting suspected cases of elder abuse. They are often in a position to notice signs of abuse that others might miss and are legally required to report these suspicions to appropriate state protective agencies. This reporting can lead to interventions that protect the elderly from further harm.

Overall, the statement underestimating the prevalence of elder abuse at 1% does not reflect the reality and gravity of the issue. It is important for statistics to accurately represent the scope of elder abuse to ensure that adequate resources, policies, and protective measures are in place to address and prevent such abuse.

NEW QUESTION # 65

High risk factors for hearing loss in infants include all of the following except:

- A. low Apgar scores at birth
- B. seizures
- **C. gestational diabetes in mother's pregnancy**
- D. hyperbilirubinemia

Answer: C

Explanation:

High-risk factors for hearing loss in infants include a variety of conditions and situations that can occur before, during, or after birth. Factors such as frequent ear infections, rubella, cytomegalovirus (CMV), and toxoplasmosis infections have been directly linked to an increased risk of hearing impairment in infants. These conditions can affect the development of the auditory system or cause damage to parts of the ear responsible for hearing. Hyperbilirubinemia, which leads to a condition known as jaundice in infants, can also affect hearing due to the potential damage it can cause to the brain's auditory pathways if bilirubin levels become excessively high. Low Apgar scores at birth, a measure of a newborn's health immediately after delivery, can indicate difficulties such as asphyxia, infection, or trauma, which are associated with hearing loss. Similarly, seizures in newborns may indicate neurological issues that could affect hearing.

However, gestational diabetes in a mother's pregnancy does not directly correlate with an increased risk of hearing loss in infants. Gestational diabetes primarily affects the mother's glucose levels and, while it can lead to other complications in newborns such as higher birth weights and subsequent delivery issues, it is not a known risk factor for hearing impairment. Therefore, gestational diabetes in a mother's pregnancy is the correct answer to the question about which condition does not increase the risk of hearing loss in infants.

Understanding these risk factors is crucial for early intervention and management to potentially mitigate the impact of hearing loss in infants. Early detection through newborn hearing screening programs is essential for identifying hearing impairment as soon as possible to provide timely treatment and support.

NEW QUESTION # 66

All but which of the following would be considered an ACE inhibitor that is used for hypertension?

- A. Trandolapril
- B. Lisinopril
- C. Enalapril
- D. **Torsemide**

Answer: D

Explanation:

ACE inhibitors, or angiotensin-converting enzyme inhibitors, are a class of medications used primarily for managing hypertension (high blood pressure) and heart failure. These drugs function by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor. By reducing the production of angiotensin II, ACE inhibitors lead to dilation of blood vessels, which in turn lowers blood pressure and reduces the workload on the heart.

The question provided lists several medications and asks which one is not an ACE inhibitor. The medications listed include Enalapril, Torsemide, Trandolapril, Lisinopril, and again Torsemide. Among these, Enalapril, Trandolapril, and Lisinopril are well-known ACE inhibitors. They are commonly prescribed for treating hypertension and are known for their effectiveness in reducing blood pressure and managing heart-related conditions.

On the other hand, Torsemide is not an ACE inhibitor. It belongs to a different class of drugs known as loop diuretics. Torsemide (marketed under the brand name Demadex) is primarily used for the treatment of edema associated with heart failure, renal disease, or hepatic disease. It works by affecting the sodium, potassium, and chloride reabsorption in the kidneys, leading to an increase in urine production and a decrease in fluid in the body, which can help lower blood pressure but through a mechanism different from that of ACE inhibitors.

Therefore, in response to the question, Torsemide is the correct answer as it is not an ACE inhibitor. It is important to distinguish between these medications as they are used for similar conditions but operate through different mechanisms and have different implications for patient care.

NEW QUESTION # 67

In counseling a young mother about sleeping habits for toddlers, which of the following statements is true?

- A. One to 3-year-old children usually sleep 8 hours at night and no longer take naps.
- B. A toddler is too young to have nightmares.
- C. **Toddlers need security objects like a stuffed animal to sleep.**
- D. A toddler no longer needs rituals before bedtime.

Answer: C

Explanation:

The correct statement about sleeping habits for toddlers is that a child of one to three years old usually sleeps between 10 to 12 hours a night and may take one to two naps during the day. Additionally, toddlers benefit from having consistent bedtime rituals and might require security objects to help them sleep.

Toddlers, in the age range of one to three years, typically require more sleep than adults. The recommendation for this age group is roughly 10 to 12 hours of nighttime sleep. This duration is crucial for their development, both mentally and physically. During sleep, children's brains process the learning and experiences of the day, which is essential for memory formation and cognitive development.

Naps are also an important aspect of a toddler's sleeping routine. Most toddlers will need one to two naps during the day. These naps help them recharge and maintain proper mood and alertness levels, preventing over-tiredness which can often lead to fussiness or hyperactivity. As the child grows older, the length and frequency of naps may decrease.

Bedtime rituals and consistency play a significant role in helping toddlers establish good sleep habits. Rituals such as reading a book, taking a bath, or listening to calm music before bed can significantly aid in the transition from wakefulness to sleep. These activities help signal to the child that bedtime is approaching, creating a smoother and less stressful end to the day.

Security objects, like a favorite stuffed animal or a blanket, can also be beneficial. They provide comfort and a sense of safety, which can make it easier for the child to fall asleep. This is particularly important because toddlers often start to experience separation anxiety or may have fears about being alone.

Contrary to one of the statements presented, toddlers can indeed have nightmares. Nightmares are common and can start to occur as a child's imagination develops. Comforting the child and having a security object can help them feel safer and more secure if they wake up scared.

Lastly, it is not accurate to say that toddlers no longer need rituals before bedtime. Maintaining a consistent bedtime routine is

essential for toddlers as it helps establish a predictable sleeping pattern, which is important for overall health and well-being. Therefore, when counseling a young mother about her toddler's sleeping habits, it is important to emphasize the need for adequate nighttime sleep, regular naps, consistent bedtime rituals, and the potential benefits of security objects. These elements together foster a conducive sleep environment, crucial for the toddler's growth and development.

NEW QUESTION # 68

In terms of the scope of practice for an NP, which of the following statements is incorrect?

- A. General scope of practice is specified in many published professional documents.
- B. Prescriptive authority is recognized as within the scope of practice for nurse practitioners in all 50 states.
- **C. Scope of practice is always defined by state statutes enacted by the state legislature.**
- D. The scope of practice defines a specific legal scope determined by state statutes, boards of nursing, educational preparation and common practice within a community.

Answer: C

Explanation:

To answer the question about which statement is incorrect regarding the scope of practice for nurse practitioners (NPs), it's important to first understand what "scope of practice" generally entails and how it is determined.

The scope of practice for NPs includes all the activities and services that NPs are educated and authorized to perform, based on their professional licensure. This scope is influenced by several factors including state laws, educational background, the needs of the community, and the policies of healthcare providers.

The incorrect statement among those provided is: "Scope of practice is always defined by state statutes enacted by the state legislature." This statement is incorrect because the determination of scope of practice is not solely the jurisdiction of state statutes. While it is true that in some states, the scope of practice for NPs is directly defined by state statutes, in others, the state legislature delegates the authority to define and regulate the scope of practice to the state's board of nursing or other regulatory bodies.

Therefore, the scope of practice can vary significantly from state to state based not only on laws passed by the state legislature but also on regulations established by the state's board of nursing. These boards may have the authority to interpret and implement the statutes, and they may issue additional guidelines that affect practice.

Additionally, other factors also influence the scope of practice, such as national certification, the policies of healthcare institutions where NPs are employed, and the specific needs and conditions of the community served. Professional organizations also publish documents that provide guidelines and consensus statements about the general scope of practice and standards of care, which further guide practice but do not have the force of law.

In summary, while state statutes are indeed a critical component in defining the scope of practice for NPs, they are not the sole determinants. The scope of practice is also shaped by regulatory boards, professional standards, and local healthcare needs, making the statement that it is always defined by state statutes incorrect.

NEW QUESTION # 69

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