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Diagnostic criteria for generalized anxiety disorder include all of the following except: A. difficulty concentrating. B. consistent early morning waking. C. apprehension. D. irritability. ----- Correct Answer ----- **B**

Associated with Weight gain Anticholinergic activity (blurred vision, dry mouth, memory loss, sweating, anxiety, postural hypotension, dizziness, and tachycardia) Constipation a problem, but infrequent nausea. Little sexual dysfunction ----- Correct Answer ----- **Tricyclics**

Highly sedating, dizziness, favorable gastrointestinal side-effect profile. Priapism risk found in 1 in 6000 men using drug. Patient should be informed to go to emergency department promptly for painful erection lasting >30 min ----- Correct Answer ----- **Trazadone**

T/F: when choosing an antidepressant the drug's half-life influences the therapeutic choice, with products with a shorter T1/2 being desirable in elderly patients and patients with hepatic disease. ----- Correct Answer ----- **True**

Which of the following drugs is likely to be the most dangerous when taken in overdose? A. a 4-week supply of fluoxetine B. a 2-week supply of nortriptyline C. a 3-week supply of venlafaxine D. a 3-day supply of diazepam ----- Correct Answer ----- **B**

Concomitant health problems found in a patient with panic disorder often include: A. irritable bowel syndrome. B. thought disorders. C. hypothyroidism. D. inflammatory bowel disease. ----- Correct Answer ----- **A**

In providing primary care for a patient with posttraumatic stress disorder (PTSD), you consider that all of the following are likely to be reported except: A. agoraphobia. B. feeling of detachment. C. hyperarousal. D. poor recall of the precipitating event. ----- Correct Answer ----- **D**

Among the preferred first-line pharmacological treatment options for patients with PTSD include the use of: A. methylphenidate (Ritalin®). B. oxazepam (Serax®). C. lithium carbonate. D. sertraline. ----- Correct Answer ----- **D**

Which of the following therapeutic agents is commonly used to help with sleep difficulties such as insomnia associated with PTSD? A. duloxetine B. bupropion C. mirtazapine D. zolpidem ----- Correct Answer ----- **C**

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions

(Q10-Q15):

NEW QUESTION # 10

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

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

Answer: D

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 # 11

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

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

Answer: B

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 # 12

You have initiated treatment for your patient with fibromyalgia syndrome (FMS). You should do a follow-up visit:

- A. in 2 weeks
- B. within 1 week
- C. within 48 hours
- **D. in a month**

Answer: D

Explanation:

For a patient diagnosed with fibromyalgia syndrome (FMS), managing the condition effectively is crucial due to its chronic nature and the impact it can have on the patient's quality of life. FMS is characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory, and mood issues. The complexity of FMS and its symptoms often necessitates a tailored treatment plan, which should be closely monitored to ensure its effectiveness and adjust as necessary.

The initial recommendation for the timing of a follow-up visit is typically about one month after the start of treatment. This timeframe allows the healthcare provider to assess the patient's response to the treatment regimen and make necessary adjustments. It is essential during this visit to evaluate the efficacy of prescribed medications or therapies, adherence to the treatment plan, and the management of any side effects or complications.

Continuing follow-up visits on a monthly basis is advised until a noticeable improvement in symptoms is observed. These regular visits are crucial for several reasons: 1. **Monitoring Progress:** Regular assessments can help in tracking the progress of symptoms and adjusting treatments as needed. Fibromyalgia can vary significantly from one patient to another, and symptoms can fluctuate, making continuous monitoring important. 2. **Adjusting Treatment Plans:** Based on the feedback and health status of the patient, treatments might need to be adjusted. This could involve changing medications, introducing physical therapy or alternative therapies, and addressing any psychological impact through counseling or psychotherapy. 3. **Educational Support:** Follow-up visits provide an opportunity to educate the patient about self-management techniques, including exercise, stress reduction, and diet, which are vital components of managing FMS. 4. **Emotional and Psychological Support:** FMS can be challenging not just physically but also emotionally and psychologically. Regular interaction with healthcare providers can offer much-needed support and guidance.

While a one-month interval is typical, the frequency of follow-up visits might vary depending on the severity of the symptoms and the presence of other co-morbid conditions. In some cases, if the patient's condition worsens or if severe side effects from the treatment occur, more immediate follow-up might be necessary. Conversely, if the patient shows significant improvement and stabilizes, follow-up intervals might be extended.

Ultimately, the goal of the follow-up visits is to ensure that the treatment plan for FMS is as effective as possible, enhancing the patient's quality of life and managing symptoms proficiently. Regular, informed assessments by a healthcare provider play a critical role in achieving this goal.

NEW QUESTION # 13

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 be allowed to do something constructive during the "time out."
- C. The "time out" should last for at least 10 minutes.
- **D. The child should sit still in the "time out" for as many minutes as his age in years.**

Answer: D

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 # 14

When treating a female patient with an uncomplicated urinary tract infection but otherwise healthy, the nurse practitioner knows that the preferred therapy is:

- A. cephalexin
- B. amoxicillin
- C. azithromycin
- D. nitrofurantoin

Answer: D

Explanation:

When treating a female patient with an uncomplicated urinary tract infection (UTI) who is otherwise healthy, the preferred antibiotic therapy is nitrofurantoin. This preference is based on its efficacy, mode of action, and the typical causative agents of UTIs.

Nitrofurantoin is specifically effective against the most common pathogens responsible for uncomplicated UTIs, including *Escherichia coli* and *Staphylococcus saprophyticus*. It works by entering the bacterial cells and damaging their DNA, which ultimately stops their growth and leads to the elimination of the infection. This mechanism of action is particularly advantageous because it is less likely to contribute to antibiotic resistance compared to broader-spectrum antibiotics.

Amoxicillin, while used in the treatment of various bacterial infections, is generally not preferred for uncomplicated UTIs in otherwise healthy women due to its broader spectrum of activity and higher potential for resistance. Azithromycin is primarily effective against a different set of bacterial pathogens typically not associated with uncomplicated UTIs. Cephalexin can be used as an alternative in cases where nitrofurantoin is contraindicated or not tolerated by the patient, but it is not the first choice.

The specific choice of nitrofurantoin as the preferred therapy for uncomplicated UTIs in otherwise healthy women is also supported by its pharmacokinetic properties. It achieves high concentrations in the urine, which enhances its effectiveness at the site of infection. Additionally, its limited systemic absorption minimizes side effects and reduces the risk of disturbing the body's natural microbial flora.

In summary, when treating uncomplicated UTIs in otherwise healthy female patients, nitrofurantoin is preferred due to its effective targeting of common urinary pathogens, its mechanism that reduces the risk of resistance, and its favorable pharmacokinetic properties that concentrate the drug in the urinary tract, maximizing efficacy while minimizing systemic effects.

NEW QUESTION # 15

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