

Nursing AANP-FNP 높은 통과율 시험대비 공부자료, AANP-FNP 퍼펙트 최신 덤프 공부

AANP FNP certification Questions with Answers 2024.

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 \n ✓III first time audible, IV first time thrill

Fundal height 12 weeks \n ✓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? \n ✓Iron, TIBC

3 months of synthroid, TSH increased, T4 normal; what do you do? \n ✓Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss \n ✓Mini mental exam

4 month old with strabismus, mom is worried..... \n ✓tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? \n ✓Growth chart

6 month old closed anterior fontanel. \n ✓XRAY

Abnormal cells on PAP, what do you do next? \n ✓Refer for Colposcopy

CAGE ACRONYM \n ✓Cut down

Annoyed by criticism

Guilty about drinking

Eye opener drink

Causes of tachycardia \n ✓Fever

Anemia

Hypotension

Cranial nerves responsible for extraocular eye movements \n ✓CN 3,4,6

BONUS!!! Itexamdum AANP-FNP 시험 문제집 전체 버전을 무료로 다운로드하세요: https://drive.google.com/open?id=1e6fukdAZw_uCeAyedy7lCSmLEpjRy7f7

Nursing 인증 AANP-FNP 시험을 패스하는 지름길은 Itexamdum에서 연구제작한 Nursing 인증 AANP-FNP 시험대비 덤프를 마련하여 충분한 시험준비를 하는 것입니다. 덤프는 Nursing 인증 AANP-FNP 시험의 모든 범위가 포함되어 있어 시험적중율이 높습니다. Nursing 인증 AANP-FNP 시험패는 바로 눈앞에 있습니다. 링크를 클릭하시고 Itexamdum의 Nursing 인증 AANP-FNP 시험대비 덤프를 장바구니에 담고 결제마친후 덤프를 받아 공부하는 것입니다.

Itexamdum는 여러분의 요구를 만족시켜드리는 사이트입니다. 많은 분들이 우리사이트의 인증덤프를 사용함으로 관련 시험을 안전하게 패스를 하였습니다. 이니 우리 Itexamdum 사이트의 단골이 되었죠. Itexamdum에서는 최신의 Nursing AANP-FNP 자료를 제공하며 여러분의 Nursing AANP-FNP 인증 시험에 많은 도움이 될 것입니다.

>> Nursing AANP-FNP 높은 통과율 시험대비 공부자료 <<

AANP-FNP 높은 통과율 시험대비 공부자료 100% 합격 보장 가능한 최신 공부자료

빨리 Itexamdum 덤프를 장바구니에 넣으시죠. 그러면 100프로 자신감으로 응시하셔서 한번에 안전하게 패스하실 수 있습니다. 단 한번으로 Nursing AANP-FNP 인증 시험을 패스한다..... 여러분은 절대 후회할 일 없습니다.

최신 Nursing AANP AANP-FNP 무료 샘플문제 (Q92-Q97):

질문 #92

You are providing care to a patient whose medication order indicates that his oral medication should be given p.c. How would you administer this patient's medication?

- A. Before meals.
- **B. After meals.**
- C. With a full glass of water.
- D. First thing in the morning, on an empty stomach.

정답: **B**

설명:

When you encounter a medication order for a patient that specifies the medication should be given "p.c.," it indicates that the medicine should be administered after meals. The abbreviation "p.c." stands for "post cibum," which is Latin for "after meals." This is a common directive in medical prescriptions that is intended to optimize the absorption of the medication or minimize potential adverse effects that could occur if taken on an empty stomach.

It is important to note that the specific timing mentioned in the order (e.g., immediately after eating, or an hour post-meal) should be followed closely to ensure the effectiveness of the medication. Some medications might require absorption without interference from food, while others might need the presence of food to prevent stomach upset or enhance absorption.

As a healthcare provider, when administering medication that is ordered to be taken "p.c.," ensure that the patient has indeed consumed a meal before giving the medication. This helps in achieving the desired therapeutic effect and minimizing any side effects. If the patient is unable to eat or has dietary restrictions, you may need to consult with the prescribing physician for further instructions or possible adjustments to the medication regimen.

Additionally, when educating the patient and their caregivers about the medication, emphasize the importance of following the "p.c." instruction. Explain the reasons why the medication should be taken after meals and discuss any potential consequences of deviating from this protocol. This education not only helps in managing the patient's condition effectively but also empowers the patient and caregivers by making them active participants in the care process.

Lastly, always verify the patient's understanding of when and how to take their medication, and encourage them to ask questions if anything is unclear. This ensures that the patient feels supported and is more likely to adhere to their treatment plan, leading to better health outcomes.

질문 #93

You suspect that your 19-year-old male patient has testicular torsion because he has reported a sudden onset of severe unilateral scrotal pain with noticeable swelling of the ipsilateral testicle. Because you want to rule out other causes you consider ordering an ultrasound. To help you decide whether an ultrasound is needed you use the TWIST scoring system. All but which of the following are part of this scoring system?

- **A. low-riding testis**
- B. absent cremasteric reflex
- C. testis swelling
- D. nausea/vomiting

정답: **A**

설명:

The TWIST scoring system is used primarily to evaluate the likelihood of testicular torsion, a serious condition in which the spermatic cord becomes twisted, cutting off blood supply to the testicle. This system helps determine the urgency of intervention and whether imaging like ultrasound is necessary before proceeding with potential surgical exploration. The TWIST score includes several clinical findings, each assigned points based on their association with testicular torsion. The components of the TWIST score are as follows:

Testis Swelling: Swelling of the testicle is a common symptom of testicular torsion due to edema and venous engorgement caused by the twisting of the spermatic cord. The presence of swelling contributes points to the TWIST score, indicating a higher likelihood of torsion.

High-Riding Testis: Contrary to a low-riding testis, a high-riding position of the testicle is indicative of torsion. This occurs because the twisting of the spermatic cord can shorten its length, pulling the testicle upwards. This is a significant indicator within the TWIST scoring system.

Nausea/Vomiting: These symptoms can be associated with testicular torsion due to the severe pain and reflex sympathetic response. The presence of nausea or vomiting increases the TWIST score, suggesting a greater probability of torsion.

Absent Cremasteric Reflex: The cremasteric reflex involves the contraction of the cremaster muscle, which pulls the testicle upward when the inner thigh is stroked. An absent reflex is highly suggestive of testicular torsion because the reflex arc may be interrupted by the torsion.

In contrast, a **Low-Riding Testis** is not part of the TWIST scoring system. This condition typically does not correlate with the clinical picture of testicular torsion. In the scenario described in the question, a low-riding testis is incorrectly identified as a symptom of torsion, which is why it does not contribute to the TWIST score.

When evaluating a patient suspected of having testicular torsion, it is crucial to perform a thorough clinical examination and apply the TWIST scoring system accurately. Immediate referral to a urological surgeon for further evaluation and possible surgical intervention is critical, as testicular torsion is a urological emergency that requires prompt treatment to save the affected testicle and preserve fertility.

질문 #94

our patient has been diagnosed with Parkinson's disease. He has been taking carbidopa and levodopa orally for 10 days and is concerned that it is not helping to control his symptoms. What would be the appropriate response to his concern?

- A. Make sure that the patient is taking the medication properly.
- B. Ask the patient if he is adhering to the recommended diet.
- C. **Tell the patient that it takes 1 to 2 months before the medication is effective in controlling symptoms.**
- D. Immediately notify his health care provider that the medication has not been effective.

정답: C

설명:

Parkinson's disease is a chronic and progressive neurological disorder that primarily affects motor function due to the loss of dopamine-producing brain cells. The medications carbidopa and levodopa are commonly prescribed to manage the symptoms of Parkinson's disease. Levodopa is a precursor of dopamine, which means it can be converted into dopamine in the brain, thus supplementing the decreased levels of this neurotransmitter. Carbidopa is combined with levodopa to prevent the early conversion of levodopa to dopamine outside the brain, which enhances its effectiveness and reduces side effects.

When a patient starts taking carbidopa and levodopa, it's essential to understand that the response to this treatment doesn't occur immediately. Initially, the body may need time to adjust to the medication, and the brain's remaining dopamine-producing cells may take time to respond to the increased availability of levodopa. This adjustment period can vary significantly among individuals.

Typically, it can take anywhere from 1 to 2 months to observe notable improvements in the symptoms. In some cases, it might even require up to 6 months for the full effects of the medication to manifest.

Given that your patient has only been on carbidopa and levodopa for 10 days, it is quite early to expect significant changes in symptoms. It is essential to manage the patient's expectations and reassure them that this timeline is normal. During this period, the healthcare provider should monitor the patient's progress and make any necessary adjustments to the dosage. Additionally, ensuring that the patient adheres to the medication schedule and follows any dietary recommendations can also influence the effectiveness of the treatment.

Therefore, the appropriate response to your patient's concern about the medication not helping yet would be to reassure him that it typically takes 1 to 2 months, and sometimes longer, to see improvements. Encourage him to continue taking the medication as prescribed and to keep a record of his symptoms to discuss during follow-up visits. This ongoing monitoring and communication with the healthcare provider are crucial for adjusting treatment plans and managing the symptoms of Parkinson's disease effectively.

질문 #95

Your patient is a 28-year-old female with a history of seizures. She is taking oral contraceptives. Which of the following medications may lead to contraceptive failure for this patient?

- A. clonazepam
- B. **gabapentin**
- C. acetazolamide
- D. carbamazepine

정답: B

설명:

In the management of a 28-year-old female patient who has a history of seizures and is using oral contraceptives, it is crucial to consider the interaction between her seizure medication and her birth control pills. One of the medications listed, carbamazepine, is known to have a significant interaction that may compromise the effectiveness of oral contraceptives.

Carbamazepine is an anticonvulsant and mood-stabilizing drug used primarily in the treatment of epilepsy and bipolar disorder. It works by decreasing nerve impulses that cause seizures and pain. However, carbamazepine is also a potent inducer of cytochrome P450 enzymes, particularly CYP3A4, in the liver. This enzyme induction increases the metabolism of certain substances, including the hormones in oral contraceptives.

The hormones in birth control pills, mainly estrogen and progesterone, are metabolized by these enzymes. When carbamazepine is taken concurrently with oral contraceptives, it accelerates the metabolism of these hormones, thereby reducing their levels in the body. Lower hormone levels can lead to decreased effectiveness of the contraceptive pill, increasing the risk of unintended pregnancy.

Other medications listed, such as acetazolamide, clonazepam, and gabapentin, do not share this particular enzyme-inducing property with respect to oral contraceptives. Therefore, they are not typically associated with a risk of contraceptive failure when used concurrently with birth control pills.

Thus, in the case of the patient described, if she is taking carbamazepine for her seizures, there is a potential risk for contraceptive failure due to the enhanced metabolism of estrogen. It would be advisable to consider alternative contraceptive methods or adjust the seizure medication under the guidance of a healthcare provider. This approach ensures both effective seizure management and reliable contraception, thereby addressing the patient's overall health needs.

질문 # 96

Your patient complains of a sudden onset of palpitations and dizziness. The ECG shows peaked QRS complex and p waves are present, with a HR of 155. This is known as which of the following?

- A. none of the above
- B. mitral valve prolapse
- C. atrial fibrillation
- D. paroxysmal atrial tachycardia

정답: D

설명:

To diagnose and understand the ECG findings and symptoms described, it is essential to first interpret the ECG characteristics and relate them to clinical manifestations. The ECG shows a rapid heart rate of 155 beats per minute, which falls under the category of tachycardia. The presence of p waves indicates that the atria are still being activated in a regular manner, which helps differentiate the type of tachycardia. The description of "peaked QRS complexes" can be somewhat ambiguous but typically might suggest high amplitude or sharp QRS complexes, which are not commonly seen in tachycardias originating above the ventricles (supraventricular tachycardias). However, in this context, it seems to imply a distinct, clear QRS complex, suggesting that the ventricles are being activated in a normal fashion, pointing away from ventricular tachycardias.

Based on the symptoms of palpitations and dizziness accompanying the fast heart rate, and given that the ECG shows a tachycardia with recognizable p waves and normal QRS complexes, the most likely diagnosis is Paroxysmal Atrial Tachycardia (PAT). PAT, also known as Paroxysmal Supraventricular Tachycardia (PSVT), is a condition where episodes of sudden, rapid heart rate originate in the atria or atrioventricular node. These episodes can start and stop abruptly, hence the term "paroxysmal." In PAT, the heart rate typically ranges from 140 to 250 beats per minute. The presence of palpitations (a sensation of the heart racing or pounding) and dizziness (which can result from decreased cardiac output due to the rapid heart rate) aligns well with this diagnosis. The treatment options for PAT include maneuvers that stimulate the vagus nerve such as carotid massage, as well as pharmacological interventions with calcium-channel blockers or beta blockers, which help slow the heart rate and control the rhythm.

In contrast, other conditions listed such as atrial fibrillation, which is characterized by an irregularly irregular rhythm and absent p waves, and mitral valve prolapse, typically associated with mid-systolic clicks and potential regurgitation murmurs on auscultation, do not fit the ECG findings or the patient's presentation in this scenario.

Therefore, the correct diagnosis in this case, given the ECG findings of a rapid heart rate with clear p waves and peaked QRS complexes, along with the clinical presentation of sudden onset palpitations and dizziness, is indeed Paroxysmal Atrial Tachycardia.

질문 # 97

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