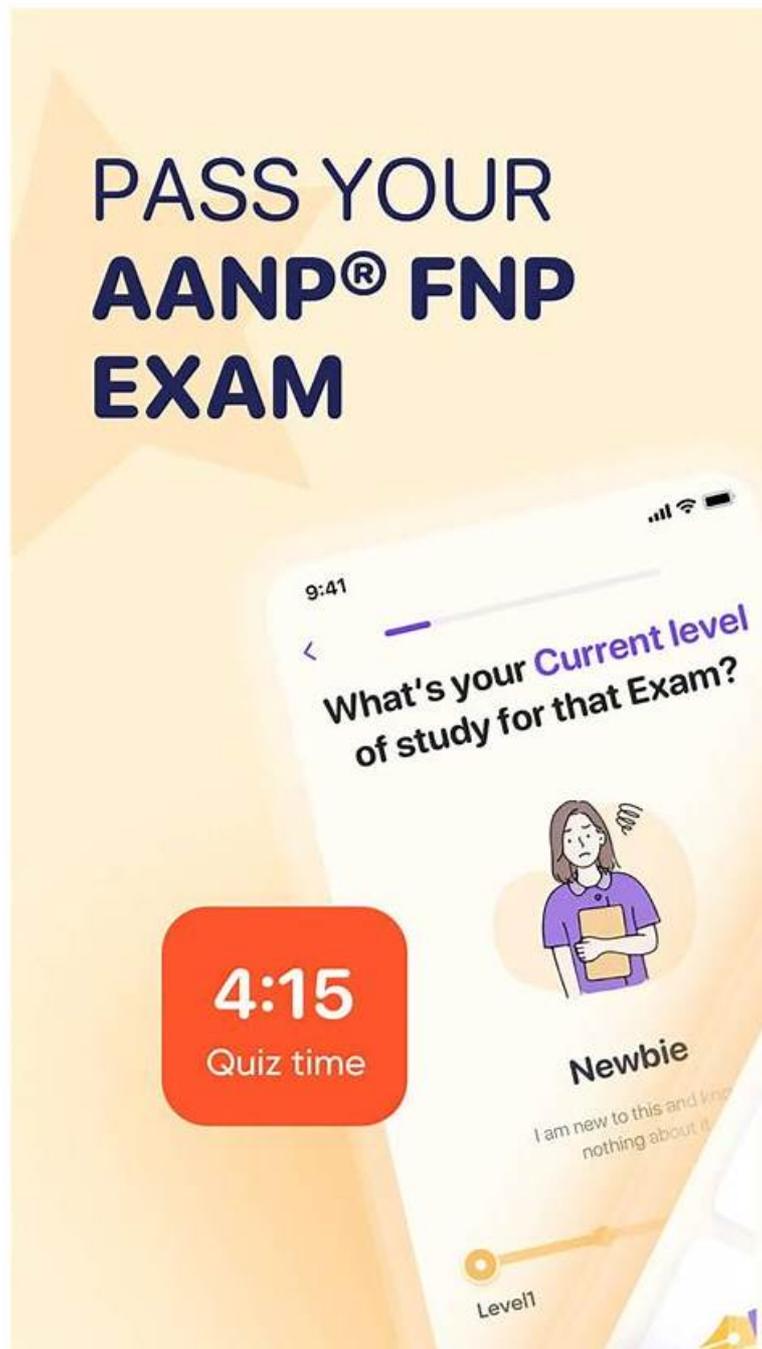


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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q70-Q75):

NEW QUESTION # 70

You are deciding what type of medication to prescribe for your patient for treatment of a peptic ulcer. If you prescribe nizatidine what type of drug are you prescribing?

- A. proton pump inhibitor
- B. antacid
- **C. histamine2 antagonist**
- D. mucosal healing agent

Answer: C

Explanation:

If you are considering prescribing nizatidine for the treatment of a peptic ulcer, you are choosing a medication that falls under the category of histamine2 (H2) antagonists. Nizatidine works by blocking histamine receptors on the cells in the stomach lining that produce acid. Specifically, it targets the H2 receptors, leading to decreased production of stomach acid.

H2 antagonists such as nizatidine are particularly useful in reducing gastric acid secretion and increasing the pH of the stomach, which can help in healing or preventing ulcers. By decreasing the amount of acid produced, these medications allow the stomach lining and any existing ulcerations more opportunity to heal.

Other drugs in the H2 antagonist class include cimetidine, famotidine, and ranitidine HCl. These medications share a similar mechanism of action with nizatidine, though they may differ in potency, duration of action, and side effects. Nizatidine is often chosen for its efficacy and favorable side effect profile.

It is important to differentiate H2 antagonists from other types of drugs used to treat peptic ulcers, such as proton pump inhibitors (PPIs) and antacids. PPIs work by a different mechanism, inhibiting the proton pump in the stomach lining that is responsible for the final step in acid production. Antacids, on the other hand, neutralize existing stomach acid rather than reducing its production.

When prescribing nizatidine, it is essential to consider the specific needs of the patient, their medical history, and any potential interactions with other medications they may be taking. As with any medication, monitoring the patient's response and adjusting the treatment as necessary is crucial for effective management of peptic ulcers.

NEW QUESTION # 71

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

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

Answer: B

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 # 72

If movement is going toward the body it would be considered _____?

- A. Abduction
- B. Distal
- C. Adduction
- D. Proximal

Answer: C

Explanation:

The question refers to a specific type of movement relative to the midline of the body. In anatomical terms, movements that bring a limb or other part closer to the sagittal plane (the plane that divides the body into left and right halves) are classified as adduction. Therefore, if the movement is going toward the body, it is considered **adduction**.

Adduction is often confused with **abduction**, which is essentially the opposite. Abduction is the movement that takes a limb or other part away from the midline of the body. For example, raising your arms sideways away from your body is an abduction movement.

To further clarify, these terms are also relative to other anatomical directional terms such as **distal** and **proximal**.

Distal refers to a body part that is further away from the center of the body (or from the point of attachment of a limb to the body), whereas **proximal** refers to a body part that is closer to the center of the body (or to the point of attachment).

Therefore, in the context of your original question, if movement is going toward the body, it is definitively termed as **adduction**. This terminology helps in understanding movement patterns, especially in fields like anatomy, physical therapy, and sports science.

NEW QUESTION # 73

You are educating a group of student nurses about depression. Which of the following statements would you NOT make in this talk?

- A. When adults live in long-term care facilities they are more likely to suffer from depression.
- B. A significant relationship has been found between race and mood disorders.
- C. Once a person has experienced a depressive episode, the incidence of depression increases.
- D. Depression is more common in young women

Answer: B

Explanation:

When educating a group of student nurses about depression, it's crucial to convey accurate and evidence-based information. Here's an expanded explanation of why certain statements should or should not be made during this educational session:

"When adults live in long-term care facilities, they are more likely to suffer from depression." This statement is generally accurate and should be included in the talk. Research shows that older adults living in long-term care facilities have a higher prevalence of depression compared to those living in the community. Factors such as isolation, loss of independence, and chronic health conditions can contribute to this increased risk.

"A significant relationship has been found between race and mood disorders." This statement should NOT be made because it is misleading and not supported by consistent scientific evidence. While disparities in the prevalence and treatment of mood disorders among different racial and ethnic groups do exist, they are often due to a complex interplay of socioeconomic factors, access to health care, and social determinants of health rather than race itself. It's crucial to clarify that the relationship between race and depression is influenced more by these external factors than by race inherently.

"Once a person has experienced a depressive episode, the incidence of depression increases." This statement is accurate and should be included. It is well-documented in psychiatric literature that having one depressive episode significantly increases the risk of experiencing subsequent episodes. This is important information for student nurses as it underscores the need for effective management of initial depressive episodes and ongoing support for those at risk.

"Depression is more common in young women." This statement is generally accurate and relevant. Epidemiological studies have shown that depression is more prevalent among women, particularly during their reproductive years. Factors such as hormonal changes, psychosocial stressors, and societal expectations can contribute to this increased risk. This information is important for student nurses to understand as it impacts how they might approach care and treatment in different populations.

In summary, when educating student nurses about depression, it is essential to emphasize evidence-based information and avoid perpetuating misconceptions or unsupported claims, especially regarding sensitive topics like race and mental health. This approach ensures that future healthcare providers are well-equipped with the knowledge necessary to treat all patients with understanding, competence, and respect.

NEW QUESTION # 74

What test would you order if you suspect a patient has meningitis?

- A. CSF.
- **B. CEA.**
- C. BRCA2.
- D. CA-125.

Answer: B

Explanation:

When suspecting meningitis, the primary diagnostic test ordered is the Cerebrospinal Fluid (CSF) test, commonly known as a lumbar puncture. This procedure involves inserting a needle into the lower part of the spinal canal to collect a sample of cerebrospinal fluid. This fluid surrounds the brain and spinal cord and changes in its composition can indicate the presence of meningitis.

The CSF test is crucial because it allows for the analysis of the fluid to check for increased white blood cell count, elevated protein levels, and decreased glucose levels, which are indicative of meningitis. Additionally, the CSF can be cultured to identify the specific organism causing the infection, whether it's viral, bacterial, or fungal. This is essential for determining the appropriate treatment course.

In some cases, before performing a lumbar puncture, imaging tests such as a CT scan or MRI might be recommended. These are used to rule out other conditions that might cause similar symptoms, such as brain abscesses or tumors, and to ensure safety before performing the lumbar puncture, especially in cases where there might be increased intracranial pressure.

It is important to note that other tests like BRCA2, CA-125, and CEA are not relevant for diagnosing meningitis. BRCA2 is related to genetic susceptibility to certain cancers, CA-125 is a marker used primarily in ovarian cancer, and CEA is an indicator most commonly associated with colorectal cancer. These do not aid in diagnosing or managing meningitis.

NEW QUESTION # 75

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A steadily rising competition has been noted in the tech field. Countless candidates around the globe aspire to be AANP Family Nurse Practitioner (AANP-FNP) in this field. Nursing AANP-FNP stand out from the rest of the Nursing professionals. Once you become Nursing certified, a whole new scope opens up to you and you are immediately hired by reputed firms. Even though the AANP Family Nurse Practitioner (AANP-FNP) boosts your career options, you have to pass the AANP-FNP Exam. This AANP Family Nurse Practitioner (AANP-FNP) exam serves to filter out the capable from incapable candidates.

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