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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q33-Q38):

NEW QUESTION # 33

Which of the following would indicate that you should refer your patient with psoriasis to a dermatologist?

- A. mild scalp involvement
- B. involvement of 10% of trunk
- C. **generalized pustular psoriasis**
- D. moderate flexural psoriasis

Answer: C

Explanation:

When determining whether to refer a patient with psoriasis to a dermatologist, it is essential to assess the severity and type of psoriasis. Among the types, generalized pustular psoriasis stands out as particularly severe and warrants immediate specialist consultation.

Generalized pustular psoriasis is a rare and severe form of psoriasis characterized by widespread pustules on top of inflamed and reddened skin. This condition can be life-threatening and requires prompt and specialized care to manage not only the skin symptoms but also potential systemic complications. The acute nature of the disease, potential for rapid progression, and the systemic inflammation often associated with it are the primary reasons why referral to a dermatologist is crucial.

In comparison, **mild scalp psoriasis** typically involves less severe symptoms and can often be managed with topical treatments and primary care follow-up. This form does not usually necessitate a specialist referral unless it is refractory to standard treatments or is causing significant distress or impairment to the patient.

Similarly, while conditions like **moderate flexural psoriasis** or involvement of less extensive areas (e.g., less than 20% of the trunk) might be uncomfortable and require careful management, they do not usually require the immediate attention of a dermatologist unless they fail to respond to initial treatments or significantly impact quality of life.

Other conditions that typically merit referral to a dermatologist include **extensive psoriasis vulgaris**, which covers a large area of the body and can severely affect a person's physical and mental well-being; **incapacitated elderly clients**, who may have other comorbidities complicating the psoriasis management; or **subacute psoriasis**, which represents a significant and often uncomfortable manifestation of the disease.

The decision to refer to a dermatologist should also consider the patient's overall health, the psychological impact of the disease, the risk of complications, and the potential need for advanced therapies that are beyond the scope of primary care. Effective collaboration between primary care providers and dermatologists is crucial in ensuring comprehensive care and optimal outcomes for patients with severe or complicated psoriasis.

NEW QUESTION # 34

An adult patient admits to drinking alcohol on the weekends. He does, however, say in the interview that he is thinking about cutting back on his drinking. What other statement would indicate that the patient is possibly an alcoholic?

- A. He drinks one beer a night.
- B. He does not drink to alleviate stress.
- C. He wants to cut out drinking on the weekends to reduce calories.
- D. **His friend tell him he drinks too much.**

Answer: D

Explanation:

The question concerns identifying potential signs of alcoholism in an adult patient who admits to drinking alcohol on weekends and is considering reducing his alcohol intake. The correct answer to the question is indicated by the statement that his friend tells him he drinks too much.

This answer is significant because feedback from friends or family regarding an individual's drinking habits can be an important indicator of alcohol-related problems. When friends or family express concern about someone's drinking, it often suggests that they have observed negative patterns or consequences that the drinker may not fully recognize or admit. This external perspective can highlight a discrepancy between the drinker's self-perception and how others perceive their behavior.

The reference to feeling guilty about drinking, as mentioned in the explanation, aligns with one of the components of the CAGE questionnaire, a widely-used method of screening for alcohol problems. The CAGE questionnaire consists of four questions: 1. Have you ever felt you ought to Cut down on your drinking? 2. Have people Annoyed you by criticizing your drinking? 3. Have you ever felt bad or Guilty about your drinking? 4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)?

In this context, the friend's comment corresponds to the second question of the CAGE ("Have people Annoyed you by criticizing your drinking?"), pointing to potential issues. If the patient's friends are telling him that he drinks too much, this external concern, combined with his own thoughts about cutting back, suggests that his drinking might be more problematic than he initially perceives. Other statements provided in the options, such as wanting to cut down on drinking to reduce calorie intake, drinking one beer a night, or not drinking to alleviate stress, do not directly indicate problematic drinking. These statements could be part of normal behavior patterns and do not necessarily suggest alcohol dependence or abuse.

In conclusion, the concern expressed by friends is particularly telling because it suggests visible effects or patterns that are worrying to others, a common characteristic observed in cases of alcohol misuse or dependency. This external feedback is a crucial element in assessing the severity of the drinking issue and deciding on the need for further intervention or evaluation using tools like the CAGE questionnaire.

NEW QUESTION # 35

Tetanus infection is caused by *Clostridium tetani*, an anaerobic, gram-positive, spore-forming rod. The organism enters the body through a contaminated wound. Which of the following wounds would present the greatest risk for tetanus infection?

- A. a laceration from a knife used to cut chicken
- B. all of the above
- C. an abrasion on the knee
- D. a puncture wound from stepping on a garden tool

Answer: D

Explanation:

To effectively address the question of which wound presents the greatest risk for a tetanus infection, we must consider the nature and characteristics of the bacterium *Clostridium tetani* and the conditions it thrives under.

Tetanus is caused by *Clostridium tetani*, which is an anaerobic bacterium. This means that it prefers environments devoid of oxygen. This characteristic is crucial in understanding which types of wounds are more likely to foster the growth of this bacterium. The bacteria produce spores that are capable of surviving in harsh conditions and can become active when they enter a suitable environment, such as a deep wound.

Among the options provided: 1. An abrasion on the knee - This type of injury typically results in a superficial wound. While it can become contaminated with dirt and potentially with *Clostridium tetani*, the exposure to air and the superficial nature of the wound make it less likely to create the anaerobic (oxygen-free) conditions necessary for the bacteria to thrive. 2. A puncture wound from stepping on a garden tool - This type of injury is generally deeper and narrower. Such wounds can easily penetrate deeper layers of tissue, reducing exposure to air and thus creating an anaerobic environment, which is ideal for the growth of *Clostridium tetani*. Furthermore, garden tools are often in contact with soil, which can be a natural reservoir for the spores of *Clostridium tetani*, especially if the soil is enriched with manure, enhancing the risk of tetanus spore contamination. 3. A laceration from a knife used to cut chicken - While this wound could potentially be deep and introduce other pathogens, the risk of tetanus specifically depends on whether the knife was contaminated with *Clostridium tetani* spores, which is less likely compared to exposure to soil. The primary concern here would more likely be other types of infections, including foodborne pathogens.

Given these considerations, the puncture wound from stepping on a garden tool presents the highest risk for a tetanus infection. This scenario combines both the ideal conditions for the anaerobic growth of *Clostridium tetani* and a high likelihood of contamination from a source rich in tetanus spores (soil/manure). Hence, it is essential to treat such wounds promptly and consider prophylactic tetanus toxoid vaccination, especially if the vaccination history is unclear or if the individual has not been vaccinated within the last ten years.

NEW QUESTION # 36

When would Aldactone be contraindicated?

- A. When the patient has hyperkalemia (serum potassium of greater than 5.5 mEq/L).
- B. All of the above
- C. When the patient has renal insufficiency (serum creatinine greater than 2.0 mg/dL).
- D. If the patient has type 2 diabetes mellitus with microalbuminuria.

Answer: B

Explanation:

When considering the prescription of Aldactone (spironolactone), it is essential to evaluate the patient thoroughly due to several potential contraindications. Aldactone acts as a potassium-sparing diuretic and aldosterone antagonist, impacting fluid balance and electrolyte levels in the body. Thus, its use can be risky under certain conditions.

One major contraindication for Aldactone is hyperkalemia, which is when the patient has an elevated serum potassium level greater than 5.5 mEq/L. Since Aldactone conserves potassium, prescribing it to someone who already has high potassium levels could further increase these levels, potentially leading to serious cardiac problems such as arrhythmias.

Another critical contraindication is renal insufficiency, particularly when the serum creatinine level is greater than 2.0 mg/dL. Patients with compromised kidney function may not be able to adequately clear potassium from their bodies. Given that Aldactone is a potassium-sparing agent, its use in these patients could exacerbate existing hyperkalemia or induce it anew, leading to additional

renal and cardiovascular complications.

The presence of type 2 diabetes mellitus with microalbuminuria also poses a risk when considering Aldactone therapy.

Microalbuminuria can be an early sign of diabetic kidney disease, and the use of Aldactone in such conditions needs careful consideration. The potential for worsening kidney function and the risk of increasing potassium levels might outweigh the benefits of using this medication in such patients.

Thus, these conditions-hyperkalemia, renal insufficiency, and type 2 diabetes with microalbuminuria-are significant contraindications for the use of Aldactone. It is imperative that a healthcare provider, such as a nurse practitioner, evaluates these patient factors thoroughly before prescribing this medication. Doing so helps prevent potential adverse effects that could result from inappropriately prescribing a potassium-sparing diuretic in these high-risk scenarios.

NEW QUESTION # 37

You are doing a physical assessment of a female patient whose probable diagnosis is Addison's disease. If this is indeed the final diagnosis you would expect to find all but which of the following during this examination?

- A. loss of weight
- B. loss of hair in the axillary and pubic region
- C. orthostatic hypotension
- D. **bradycardia**

Answer: D

Explanation:

Addison's disease, also known as primary adrenal insufficiency, is a condition where the adrenal glands do not produce sufficient steroid hormones, including cortisol and aldosterone. This insufficiency leads to a variety of symptoms and signs that can be identified during a physical examination. Here, we will discuss each of the listed findings and clarify which one is not typically associated with Addison's disease.

****Loss of Weight:**** Weight loss is a common symptom in Addison's disease. Due to the lack of cortisol, which plays a critical role in metabolism and the management of carbohydrates, proteins, and fats, patients often experience decreased appetite and significant weight loss.

****Bradycardia:**** Contrary to what might be expected, Addison's disease is more commonly associated with tachycardia rather than bradycardia. Bradycardia, or a slower than normal heart rate, is not a typical finding in Addison's disease. Cortisol deficiency generally leads to low blood pressure, and the body often compensates by increasing heart rate, resulting in tachycardia. Therefore, bradycardia would be the finding you would not expect in a patient with Addison's disease during a physical examination.

****Loss of Hair in the Axillary and Pubic Region:**** Addison's disease can also impact androgen levels, leading to changes in hair distribution. The decrease in androgens can result in the thinning or loss of pubic and axillary hair, making this a relevant finding in the assessment of someone with suspected Addison's disease.

****Orthostatic Hypotension:**** This is another common finding in Addison's disease. Due to aldosterone deficiency, there is less sodium retention which can lead to a decrease in blood volume, exacerbating the issue of low blood pressure. Patients with Addison's disease often experience a significant drop in blood pressure upon standing, known as orthostatic hypotension.

In conclusion, during the physical assessment of a patient suspected of having Addison's disease, the presence of bradycardia would be unusual and not expected. The symptoms consistent with Addison's disease include weight loss, loss of hair in the axillary and pubic regions, orthostatic hypotension, and typically tachycardia, not bradycardia. Other signs to look for include hyperpigmentation of the buccal mucosa and other pressure areas, as well as muscle wasting.

NEW QUESTION # 38

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