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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q61-Q66):

NEW QUESTION # 61

Which of the following parts of Medicare pays 80% of durable medical equipment such as wheelchairs and walkers?

- A. Part D
- **B. Part B**
- C. Part A
- D. Medicare does not pay for durable medical equipment.

Answer: B

Explanation:

The correct answer to the question of which part of Medicare pays 80% of durable medical equipment, such as wheelchairs and walkers, is Part B.

Medicare Part B is primarily responsible for covering outpatient medical services. This includes not only doctor visits and outpatient hospital services but also extends to cover necessary medical equipment. Durable medical equipment (DME) is classified under these provisions.

Medicare Part B's coverage of DME is designed to assist patients who require medical aids to perform daily activities or to manage their medical conditions. This category of equipment includes items like wheelchairs, walkers, hospital beds, and other medically necessary equipment that can be used in the home. It's important that the equipment must be prescribed by a doctor and deemed medically necessary for it to qualify under Part B.

Under Medicare Part B, once the deductible is met, Medicare typically pays for 80% of the approved amount for the durable medical equipment. The beneficiary is responsible for the remaining 20%. This cost-sharing measure ensures that the equipment is both accessible and affordable for those who need it.

It is crucial for beneficiaries to understand that not all equipment may be covered or may only be partially covered depending on specific Medicare rules. Additionally, the supplier of the equipment must be enrolled in Medicare and must meet strict standards to ensure that they are providing quality equipment and services.

In contrast, Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care, but it does not typically cover durable medical equipment. Part D of Medicare covers prescription drugs and certain supplies that are not covered under Part B, but it does not cover durable medical equipment either.

Therefore, when it comes to durable medical equipment like wheelchairs and walkers, Medicare Part B is the appropriate part under which these items are covered, generally paying 80% of the costs associated with the equipment.

NEW QUESTION # 62

Your patient has a superficial skin lesion that is elevated. It is less than 1 cm in diameter and it is filled with serous fluid. Which of the following skin lesions is this?

- A. papule
- B. pustule
- **C. vesicle**
- D. macule

Answer: C

Explanation:

The correct answer to the question regarding a skin lesion that is less than 1 cm in diameter, elevated, and filled with serous fluid is "vesicle." A vesicle is a type of skin lesion that is characterized by these specific criteria. It is important to distinguish vesicles from other types of skin lesions based on their physical characteristics and contents.

Vesicles are small, fluid-filled sacs that appear on the surface of the skin. They are typically less than 1 cm in diameter and contain clear fluid, usually serous fluid, which is a watery fluid similar to plasma but without its protein content. This type of lesion is superficial, meaning it involves only the upper layers of the skin. One common example of a vesicular lesion is a herpetic lesion, such as those seen in herpes simplex virus infections.

In contrast, other similar skin lesions differ in size, content, or texture. For instance, a pustule is also a small, elevated lesion but differs from a vesicle in that it contains purulent fluid, which is typically a sign of infection and includes white blood cells. Pustules are often associated with acne and other bacterial skin infections.

Another lesion type is the papule, which is a solid, palpable lesion that can be up to 0.5 cm in diameter. Papules are usually elevated but do not contain fluid, making them distinctly different from vesicles. Examples of conditions with papular lesions include dermatitis and viral exanthems.

Lastly, a macule is a flat lesion that is not palpable and is usually smaller than 1 cm in diameter. Macules are characterized by changes in skin color, with no elevation or fluid content. Freckles and flat moles are typical examples of macular lesions.

In conclusion, distinguishing between these types of skin lesions-vesicles, pustules, papules, and macules-is crucial for accurate diagnosis and appropriate treatment in dermatological practice. The description of the lesion in the question clearly matches that of a vesicle, making it the correct answer.

NEW QUESTION # 63

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

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

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 # 64

You have a patient with chronic asthma

a. At each follow-up visit with your patient you would determine which of the following?

- A. diet
- B. sleep patterns
- C. PEFR
- D. WBC count

Answer: C

Explanation:

For a patient with chronic asthma, regular follow-up visits are crucial for monitoring the patient's condition and managing the asthma effectively. Among the assessments that could be conducted during these visits, measuring the Peak Expiratory Flow Rate (PEFR) is notably significant. Here's why PEFR is the correct answer and why other options like diet, WBC count, or sleep patterns, though important in general health, are less critical in routine asthma follow-up assessments.

****PEFR (Peak Expiratory Flow Rate):** PEFR is a measure of how quickly a person can expel air from their lungs after a maximal inhalation, using a device called a peak flow meter. This measurement is particularly important in the management of asthma as it provides a quantitative assessment of the patient's lung function. Regular monitoring of PEFR can help in detecting early signs of worsening asthma control, even before symptoms become more severe. Changes in PEFR readings can indicate the need for adjustments in medication or other interventions. Consequently, assessing PEFR is a standard procedure in follow-up visits for asthma patients.

****Diet:** While diet is an essential aspect of overall health and can impact conditions like asthma (certain food allergies or sensitivities may trigger asthma symptoms), it is not routinely assessed in every follow-up visit unless specific dietary-related asthma triggers have been previously identified. The primary focus of asthma management is monitoring airway function and managing environmental and physical triggers.

****WBC Count:** A white blood cell (WBC) count is a measure of the immune cells in the blood and can indicate the presence of infection or inflammation. While systemic inflammation can be associated with asthma, routine WBC counts are not standard in asthma follow-up unless there is a specific clinical indication, such as suspicion of an infection which might exacerbate the asthma symptoms.

****Sleep Patterns:** Poor sleep quality can affect asthma control, as symptoms like coughing and difficulty breathing can worsen at night. However, like diet, sleep patterns are generally discussed in the context of assessing control and triggers rather than as a routine quantitative measure like PEFR. Sleep issues may be explored during patient discussions, especially if the patient reports symptoms like nocturnal asthma, but they are not typically a primary focus of follow-up visits unless there is a specific concern. In summary, during follow-up visits for a patient with chronic asthma, determining the PEFR is essential for directly assessing and managing the patient's respiratory function. While factors like diet, WBC count, and sleep patterns can influence asthma, they do not provide direct information about airway function and are not standard metrics for routine asthma management. Therefore, PEFR remains the most relevant and practical measure to assess at each follow-up visit.

NEW QUESTION # 65

Which of the following diagnostic tests would not typically be done for a patient with primary hypertension in stage 1?

- A. potassium
- B. hematocrit
- C. creatinine
- D. glucose tolerance

Answer: D

Explanation:

Hypertension, or high blood pressure, is commonly classified into various stages to guide treatment and management strategies. Stage 1 hypertension is defined by the American Heart Association as having a systolic blood pressure between 130-139 mm Hg or a diastolic blood pressure between 80-89 mm Hg. Individuals diagnosed with stage 1 hypertension are typically at a higher risk for cardiovascular disease compared to those with normal blood pressure but do not yet require the extensive diagnostic testing that might be necessary for more severe stages or complicated cases of hypertension.

When managing a patient with stage 1 hypertension, the focus is often on lifestyle modifications and, in some cases, initiating pharmacotherapy to control blood pressure. Common initial treatments include the administration of thiazide diuretics, which are effective for lowering blood pressure in many patients. The diagnostic tests recommended at this stage are usually aimed at establishing a baseline and checking for any organ damage or other conditions that might be contributing to the hypertension. Typical tests for a stage 1 hypertension patient might include: - **Blood tests to check kidney function (creatinine, blood urea nitrogen)** - **Electrolytes (potassium, sodium)** to monitor for imbalances - **Complete blood count (hematocrit and others)** to rule out anemia or signs of other systemic issues. However, a **glucose tolerance test**, which measures the body's ability to use glucose effectively and is used to diagnose diabetes mellitus, is not typically a standard part of the initial assessment for a patient with stage 1 hypertension unless there is a specific reason to suspect glucose metabolism issues (such as a history of diabetes or signs of metabolic syndrome). While patients with hypertension are at increased risk for diabetes, the decision to perform a glucose tolerance test would be based on additional clinical signs or risk factors rather than hypertension alone.

The rationale behind focusing on certain tests and not others is based on the most common and immediate risks associated with the specific stage of hypertension. As the management of hypertension is tailored to the severity and the individual patient's risk factors, not all tests are necessary or relevant for every patient. In the case of stage 1 hypertension, the priority is to control blood pressure and assess for any immediate complications that could be managed with early intervention, thus optimizing the patient's long-term health outcomes.

NEW QUESTION # 66

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