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AANP FNP CERTIFICATION PRACTICE TEST EXAM(QUESTIONS AND ANSWERS) 2023/2024

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 - CORRECT ANSWER-III first time audible, IV first time thrill

Fundal height 12 weeks - CORRECT ANSWER-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? - CORRECT ANSWER-Iron, TIBC

3 months of synthroid, TSH increased, T4 normal, what do you do? - CORRECT ANSWER-Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss - CORRECT ANSWER-Mini mental exam

4 month old with strabismus, mom is worried..... - CORRECT ANSWER-tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? - CORRECT ANSWER-Growth chart

6 month old closed anterior fontanel. - CORRECT ANSWER-XRAY

Abnormal cells on PAP, what do you do next? - CORRECT ANSWER-Refer for Colposcopy

CAGE ACRONYM - CORRECT ANSWER-Cut down
Annoyed by criticism
Guilty about drinking

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q36-Q41):

NEW QUESTION # 36

Today you have had several adult patients who had abdominal pain. You have scheduled a consult for one of these patients. Which of the following is a reason for you to schedule this consultation?

- A. fever
- B. bradycardia
- C. anxiety
- D. decreased white blood cell count

Answer: A

Explanation:

Abdominal pain is a common symptom that can be caused by a variety of conditions, ranging from benign to life-threatening. When a healthcare professional encounters a patient with abdominal pain, certain accompanying symptoms can signal the need for more urgent or specialized care. One such symptom is fever.

A fever indicates an elevated body temperature and is commonly associated with an inflammatory or infectious process within the body. In the context of abdominal pain, a fever can suggest serious underlying conditions such as appendicitis, diverticulitis, cholecystitis, or an intra-abdominal abscess, among others. These conditions often require rapid assessment and intervention, which might include surgery or advanced diagnostic testing.

Therefore, when a patient presents with both abdominal pain and fever, it may warrant a consultation with a specialist, such as a surgeon or a gastroenterologist. This decision is typically guided by a combination of clinical judgment and established medical guidelines which prioritize patient safety and the effective management of potentially severe conditions.

The inclusion of fever as a critical indicator for surgical consultation is based on its ability to point towards more severe pathology that might not be safely managed with conservative treatment alone. Alongside fever, other important indicators include an increased white blood cell count (suggesting an inflammatory response), tachycardia (rapid heart rate, which can indicate the body's response to stress or infection), peritoneal signs (rigidity or tenderness of the abdominal wall indicative of irritation of the peritoneum), and advanced age (as older patients often have a higher risk of complications and may present atypically).

In summary, the presence of fever in a patient with abdominal pain is a significant concern that can justify further investigation through a specialist consultation. This approach helps ensure that conditions requiring prompt treatment are addressed swiftly to optimize patient outcomes.

NEW QUESTION # 37

Christopher is a 3-year-old patient with scabies. You prescribe permethrin 5% (Elimite) for him. You tell Christopher's parents all of the following in regards to using this medication EXCEPT:

- A. One ounce of the cream is sufficient for one application.
- B. Leave the cream on 8 to 12 hours and then remove by showering.
- C. **Apply cream to the entire body while the skin is wet from shower or bath.**
- D. Precede the treatment with a warm bath.

Answer: C

Explanation:

When providing instructions for the use of permethrin 5% (Elimite) cream for the treatment of scabies in a 3-year-old child, it's crucial to follow the correct application protocol to ensure the effectiveness of the treatment and minimize discomfort or adverse effects. Here's an expanded explanation of how to use the medication properly:

Permethrin cream is a topical medication used to treat scabies, which is caused by a mite infestation in the skin. The first step in the application of this medication involves preparing the child's skin. It is recommended to give the child a warm bath before applying the cream. This helps to soften the skin and may enhance the absorption of the medication. However, contrary to what might seem intuitive, it is important not to apply the cream while the child's skin is still wet.

After the bath, the child should be thoroughly dried. The skin should also be allowed to cool down to normal temperature. Applying the cream to wet or warm skin can lead to increased absorption of the cream, which might increase the risk of side effects. Once the child's skin is dry and has returned to a normal temperature, you can proceed with the application of the cream.

Permethrin cream should be applied to the entire body from the neck down. Special attention should be given to areas that might be

easily overlooked, such as the navel, between the toes and fingers, and under the arms. In infants and young children, it is also important to cover the scalp, temples, and forehead. Care should be taken to apply the cream in all creases and crevices of the body where mites might be hiding.

The amount of cream needed can vary depending on the size of the child, but typically, one ounce is sufficient for one application on a young child. The cream should be left on the skin for 8 to 12 hours, usually applied at bedtime and washed off in the morning. This duration allows the medication to work effectively against the mites.

After the treatment period, the cream should be washed off by bathing or showering. It is important to wash all linens, towels, and clothing that have been in contact with the infested skin to prevent re-infestation.

Following these detailed steps assures that the treatment is both safe and effective, minimizing the potential for skin irritation or other side effects, and maximizing the likelihood of eliminating the scabies mites completely. Always consult a healthcare provider for any questions or if re-treatment is necessary, as misuse or incorrect application can lead to treatment failure or re-infestation.

NEW QUESTION # 38

Your patient suffers from hemorrhoids. He is having an acute flare-up right now. Your treatment for this patient will include all but which of the following?

- A. analgesics
- B. astringent use
- C. long-term high-potency steroid-containing cream
- D. sitz baths

Answer: C

Explanation:

When managing a patient with an acute flare-up of hemorrhoids, several treatment options are typically considered to alleviate symptoms and promote healing. Here, we discuss the recommended treatments and highlight why one of the options should be avoided.

Sitz baths are often advised for patients with hemorrhoids. These involve sitting in warm water for about 10 to 15 minutes, several times a day, especially after bowel movements. Sitz baths can help relieve pain, itching, and muscle spasms. They are a gentle and effective way to cleanse the perianal area and reduce inflammation, providing symptomatic relief.

Astringent use is another common recommendation. Astringents like witch hazel can be applied to the affected area to help reduce swelling and provide a cooling effect. These substances cause the contraction of body tissues and can help shrink hemorrhoidal tissue, thereby easing discomfort.

Analgesics, both oral and topical, can also be beneficial in managing the pain associated with hemorrhoids. Oral pain relievers like acetaminophen or ibuprofen can help manage overall pain, while topical treatments containing lidocaine can numb the area temporarily and provide immediate relief.

However, the use of long-term high-potency steroid-containing creams should be avoided in the treatment of hemorrhoids. While low-potency topical steroids may be used for a short duration to reduce inflammation and swelling, high-potency steroids are not recommended for long-term use in the perianal area. This is due to the risk of causing permanent atrophic changes to the skin and surrounding tissues. Such changes include thinning of the skin, which can lead to increased vulnerability to injury and further complications. Additionally, prolonged use of potent steroids can suppress the natural hormonal balance, leading to other systemic side effects.

In conclusion, while sitz baths, astringents, and analgesics are appropriate and safe for the management of acute hemorrhoidal flare-ups, long-term use of high-potency steroid-containing creams should be avoided due to the potential for serious side effects and complications. Instead, maintaining good anal hygiene, using gentle, non-irritating products, and following a diet high in fiber to prevent constipation can be effective strategies for preventing and managing hemorrhoidal symptoms.

NEW QUESTION # 39

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

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

Answer: D

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 # 40

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

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

Answer: A

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 # 41

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