

# Latest Nursing AANP-FNP Exam Materials - AANP-FNP Actual Exams

## 2023 AANP FNP Certification Exam New Latest Version with 250+ Questions from Actual Past Exams and 100% Correct Answers as per Marking Scheme

All diastolic murmurs are pathological. Murmurs Grades I-barely II-audible III- clearly audible. IV- first time thrill V-Steth edge VI-entre steth. EXAM ..... Correct Answer .....  
..... Correct Answer ..... **III first time audible, IV first time thrill**

Patient forgot to start Thanksgiving dinner and husband states she has trouble remembering tasks and trouble with organization. What is this indicative of? .....  
Correct Answer ..... Correct Answer ..... **Alzheimer's**

Pt has Barrets Esophagus, insurance no longer covers GI who was treating condition. Pt at FNP office wanting refill prescriptions. What do you do? ..... Correct Answer .....  
..... Correct Answer ..... **Refer to oncologist**

Pt presents with rash on shoulder, erythematous maculopapular rash with center clearing and scaling? ..... Correct Answer ..... Correct Answer ..... **Tinea Corporis**

Pt presents with "bag of worms"; indicates? ..... Correct Answer ..... Correct Answer .....  
..... **Varicocele**

Pt with atopic dermatitis, look for what other diseases? ..... Correct Answer .....  
Correct Answer ..... **Asthma**

Pt with bleeding after menopause ..... Correct Answer ..... Correct Answer .....  
**endometrial biopsy, need to screen for cancer**

Pt with hx of PID, increased risk for? ..... Correct Answer ..... Correct Answer .....  
**Infertility**

If patient has right sided weakness, etc. the CVA occurred where ..... Correct Answer .....  
..... **left side**

erythromycin for chlamydia eye infection in infants ..... Correct Answer .....  
.....

squamous epithelial cells with stippling appearance, no lactobacilli and many WBCs is --  
..... Correct Answer ..... **wet mount that shows BV**

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q99-Q104):

### NEW QUESTION # 99

The FNP has diagnosed a patient as having herpes keratitis. He refers the patient to an ophthalmologist. The FNP understands that the ophthalmologist will treat the patient with which of the following?

- A. steroid ophthalmic drops
- B. support therapy only
- C. none of the above
- D. **Acyclovir**

**Answer: D**

Explanation:

Herpes keratitis is an eye infection caused by the herpes simplex virus, affecting the cornea and leading to inflammation and potential vision problems if not treated appropriately. The Family Nurse Practitioner (FNP) has referred the patient to an ophthalmologist after diagnosing this condition, indicating that specialized eye care is needed.

The appropriate and commonly prescribed treatment for herpes keratitis involves antiviral medications, specifically Acyclovir or Valacyclovir. These medications are effective in managing herpes simplex virus infections. They work by inhibiting the replication of the virus, thereby reducing the severity of the infection and promoting healing of the corneal epithelium. These drugs are typically administered orally and can be dosed twice daily (BID), depending on the severity of the infection and the specific healthcare provider's recommendations.

It is crucial to avoid the use of steroid ophthalmic drops in the treatment of herpes keratitis unless specifically indicated and managed by an ophthalmologist. Steroids can exacerbate viral infections by suppressing the immune response, potentially leading to a worsening of the condition. Their use might increase the risk of the virus spreading deeper into the corneal layers or becoming more severe, which can complicate the healing process and lead to further complications, including potential vision loss.

Therefore, the correct treatment approach, as recognized by the ophthalmologist, would be the use of antiviral therapy with medications like Acyclovir or Valacyclovir until the resolution of the active infection. This targeted approach helps manage the viral aspect of the infection effectively, promoting recovery while minimizing risks associated with inappropriate treatments such as steroid drops.

### NEW QUESTION # 100

You are conducting a health assessment with a patient. She tells you that she does not understand what will happen during the tests she will undergo the next day. Which of the following is an appropriate nursing diagnosis for this patient?

- A. Low health literacy.
- B. **Knowledge deficit.**
- C. Patient needs further education.
- D. Patient does not understand care plan.

**Answer: B**

Explanation:

The appropriate nursing diagnosis for a patient who expresses confusion or lack of understanding about upcoming tests or procedures is "Knowledge Deficit." This diagnosis is used when a patient demonstrates a lack of cognitive information or comprehension related to a specific topic, which in this case is the medical tests they are scheduled to undergo.

In the context of nursing care, a knowledge deficit can adversely affect a patient's ability to consent to or prepare for procedures and may hinder compliance with medical advice. Recognizing this deficit is crucial as it prompts the necessary intervention - patient education. Education here aims to fill the gaps in the patient's understanding, ensuring they are fully informed about the nature, purpose, benefits, and potential risks associated with the tests.

Educating the patient serves multiple purposes: it helps in alleviating anxiety, increases the likelihood of compliance, and empowers the patient by giving them control over their health decisions. This educational intervention can be tailored to the patient's specific needs, considering factors like their educational background, preferred communication styles, and cultural perspectives.

It is essential for healthcare providers, including nurses, to approach this education with patience and clarity, using layman's terms and avoiding medical jargon that could further confuse the patient. Utilizing visual aids, simplified handouts, and interactive dialogues can enhance understanding and retention of the information provided.

Ultimately, addressing a knowledge deficit through targeted education not only improves patient outcomes but also enhances the overall quality of healthcare by fostering a collaborative and informed patient-provider relationship.

### NEW QUESTION # 101

If a patient comes to the clinic complaining of an abrupt onset of unilateral facial paralysis with no other symptoms, which of the following might the nurse practitioner suspect?

- A. Temporal arteritis
- B. Tic Douloureux
- C. Polymyalgia rheumatica
- D. **Bell's palsy**

#### Answer: D

Explanation:

When a patient presents with the sudden onset of unilateral facial paralysis and no accompanying symptoms, Bell's palsy is a primary condition to consider. Bell's palsy is a neurological disorder that results in temporary weakness or paralysis of the facial muscles.

This condition is thought to stem from inflammation or compression of the facial nerve, known as cranial nerve VII. The exact cause of this inflammation is not always clear, but it is often linked to viral infections that can cause swelling of the nerve.

The hallmark of Bell's palsy is the rapid onset of paralysis, typically unfolding over hours to a day, and generally affecting only one side of the face. Patients may notice that they are unable to move their facial muscles on the affected side. This can include the inability to close the eye, raise the eyebrow, smile, or frown on that side. The face might look drooped or asymmetrical. Despite the dramatic presentation, most patients with Bell's palsy experience a significant improvement in symptoms within weeks, and complete recovery is possible within several months.

While Bell's palsy is a likely diagnosis in cases of sudden unilateral facial paralysis, other conditions might also be considered. These include: - **Tic Douloureux (Trigeminal Neuralgia)**: This condition affects the trigeminal nerve, another cranial nerve, but it is characterized by severe, episodic facial pain rather than muscle paralysis. - **Temporal arteritis**: This involves inflammation of the arteries in the temple area of the head. It can cause pain and, in severe cases, vision loss, rather than facial paralysis. -

**Polymyalgia rheumatica**: This is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips, rather than isolated facial paralysis.

Given these alternatives, Bell's palsy remains the most consistent with the symptoms of abrupt unilateral facial paralysis without other accompanying signs. Diagnosis is typically clinical but can be supported by ruling out other causes through patient history, physical examination, and possibly imaging or other diagnostic tests. Treatment for Bell's palsy may involve corticosteroids to reduce inflammation and swelling around the facial nerve. In some cases, antiviral medications may be used, especially if a viral infection is suspected to be the underlying cause.

### NEW QUESTION # 102

Which of the following diagnoses of a red eye is most likely to be associated with constricted pupils?

- A. allergic conjunctivitis
- B. **iritis**
- C. glaucoma
- D. infectious conjunctivitis

#### Answer: B

Explanation:

When considering the diagnosis of a red eye associated with constricted pupils, iritis, also known as anterior uveitis, is the most likely condition among the options provided. Iritis is an inflammation of the iris, the colored part of the eye, and it often presents with both redness and photophobia, which is a sensitivity to light. As a protective response to light sensitivity and part of the inflammatory process, the pupil often constricts (becomes smaller) in iritis.

The other conditions listed, such as allergic conjunctivitis, infectious conjunctivitis, and glaucoma, have different effects on the pupil. Allergic and infectious conjunctivitis primarily affect the conjunctiva, which is the outermost layer of the eye and the inner surface of the eyelids. These conditions are characterized by redness, itching, and discharge, but typically do not affect the size of the pupil, which usually remains normal.

On the other hand, glaucoma, particularly acute angle-closure glaucoma, can also present with a red eye but is typically associated with a dilated pupil, not a constricted one. In acute angle-closure glaucoma, the increase in intraocular pressure can lead to a mid-dilated and non-reactive pupil. This is a distinguishing feature from iritis, where the pupil is constricted and might show a more reactive response to light despite the discomfort it causes.

Thus, among the given choices, iritis is distinctly associated with constricted pupils due to its inflammatory nature and the body's response to minimize exposure to light, which can exacerbate the pain and discomfort associated with the condition. This symptom helps differentiate it from other types of red eye conditions where the pupil size remains normal or becomes larger.

### NEW QUESTION # 103

The differential diagnoses for scarlet fever include all of the following EXCEPT:

- A. Fifth disease
- B. Rubeola
- C. Kawasaki syndrome
- D. intertrigo

**Answer: D**

Explanation:

Intertrigo is a skin condition characterized by inflammation of body folds, which is more prevalent in individuals who are obese or live in humid climates. This condition typically manifests as skin maceration, fissures, and erythema within the folds. Intertrigo is caused by the friction of skin rubbing against skin, which can be exacerbated by moisture and warmth in these areas, leading to irritation and sometimes secondary infection.

In the context of differentiating various skin and systemic conditions, it is important to note that intertrigo does not share the core characteristics or etiology with scarlet fever. Scarlet fever is a bacterial infection caused by group A Streptococcus, presenting with symptoms such as a red rash, fever, sore throat, and the characteristic "strawberry" tongue. The rash in scarlet fever typically has a fine, sandpaper-like texture and commences on the chest and abdomen before spreading to other parts of the body.

Kawasaki syndrome, on the other hand, is an acute febrile illness primarily affecting children under five years old and is considered in differential diagnoses due to its presentation of fever, rash, and involvement of mucous membranes, which could appear similar to scarlet fever. Kawasaki syndrome is distinguished by its specific criteria, including conjunctival injection, changes in the lips and oral cavity, and swelling or redness in the hands and feet.

Rubeola, or measles, is another condition considered in the differential diagnosis for scarlet fever due to its initial presentation with fever, runny nose, cough, and a characteristic red blotchy rash that starts on the face and spreads. Measles is highly contagious and caused by the measles virus, distinct from the bacterial etiology of scarlet fever.

Fifth disease, caused by Parvovirus B19, also features in the differential diagnosis primarily due to its rash manifestation, which can sometimes mimic that of scarlet fever. The classic presentation of Fifth disease includes a "slapped cheek" appearance followed by a lacy patterned rash on the body.

Given these considerations, intertrigo does not fit into the spectrum of illnesses that resemble scarlet fever either by systemic involvement or by primary etiological agent, making it the correct answer to the query of conditions that do NOT include scarlet fever in their differential diagnosis.

### NEW QUESTION # 104

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