

Nursing AANP-FNP無料模擬試験、AANP-FNP PDF

AANP FNP

Basal Cell Carcinoma - Correct Answer--painless, pearly, ulcerated nodule with overlying telangiectasis
-found on sun areas

Actinic Keratoses - Correct Answer--slightly rough, pink or flesh-colored lesion in sun-exposed area
-pharmacological treatment: 5-fluorouracil (topical chemotherapy)
-non-pharmacological treatment: chemical peel, cryotherapy, laser resurfacing

Tuberculosis - Correct Answer-I. Transmission
A. Mycobacterium tuberculosis carried in airborne droplets
B. Active Pulmonary or Laryngeal Tuberculosis transmitted
1. Sneeze, cough, speak, or sing

II. Symptoms
A. Latent Tuberculosis is asymptomatic
B. Active Tuberculosis presentation often mimics cancer presentation
1. Non-specific presentation (most common)
a. Fatigue
b. Weight loss
c. Cachexia
d. Night Sweats
C. Pulmonary Tuberculosis symptoms
1. Productive cough (typically 2-3 weeks)
2. Hemoptysis (uncommon)
3. Pleuritic Chest Pain
4. Dyspnea

III. Signs
A. Sites of Involvement
1. Primary infection: lung involvement
B. Disseminated Disease

IV. Management
A. Latent Tuberculosis
1. Positive PPD without signs of Active Tb
2. Treatment indicated if risk of Tb Progression from latent to active disease
B. Active Tuberculosis

Gout - Correct Answer-I. Pathophysiology
A. "Gout occurs when Uric Acid levels exceed solubility limits"
1. Monosodium urate crystals deposit in joints, kidney, and soft tissues
2. Crystal deposition triggers an inflammatory response from cytokines and Neutrophils

P.S. TopexamがGoogle Driveで共有している無料かつ新しいAANP-FNPダンプ: <https://drive.google.com/open?id=10m7q6cLJJ5yq9w49hiUmVzmLnEw0dESj>

TopexamのNursingのAANP-FNP試験トレーニング資料を使ったら、君のNursingのAANP-FNP認定試験に合格するという夢が叶えます。なぜなら、それはNursingのAANP-FNP認定試験に関する必要なものを含まれるからです。Topexamを選んだら、あなたは簡単に認定試験に合格することができますし、あなたはITエリートたちの一人になることもできます。まだ何を待っていますか。早速買いに行きましょう。

現在の社会的背景と開発の見通しに基づいて、AANP-FNP認定は徐々に職場で最も際立つための前提条件として受け入れられています。AANP-FNP試験資料は、夢をかなえるための試験ツールとしてご利用いただけます。10年以上の努力により、AANP-FNP実践教材は業界で最も信頼性の高い製品になりました。AANP-FNP試験問題には多くの利点があり、時間をかけて知ることができます。

>> Nursing AANP-FNP無料模擬試験 <<

AANP-FNP PDF、AANP-FNPキャリアパス

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Nursing AANP Family Nurse Practitioner (AANP-FNP) 認定 AANP-FNP 試

驗問題 (Q12-Q17):

質問 # 12

Your patient is a 28-year-old female with a history of seizures. She is taking oral contraceptives. Which of the following medications may lead to contraceptive failure for this patient?

- A. carbamazepine
- B. clonazepam
- C. acetazolamide
- D. gabapentin

正解: D

解説:

In the management of a 28-year-old female patient who has a history of seizures and is using oral contraceptives, it is crucial to consider the interaction between her seizure medication and her birth control pills. One of the medications listed, carbamazepine, is known to have a significant interaction that may compromise the effectiveness of oral contraceptives.

Carbamazepine is an anticonvulsant and mood-stabilizing drug used primarily in the treatment of epilepsy and bipolar disorder. It works by decreasing nerve impulses that cause seizures and pain. However, carbamazepine is also a potent inducer of cytochrome P450 enzymes, particularly CYP3A4, in the liver. This enzyme induction increases the metabolism of certain substances, including the hormones in oral contraceptives.

The hormones in birth control pills, mainly estrogen and progesterone, are metabolized by these enzymes. When carbamazepine is taken concurrently with oral contraceptives, it accelerates the metabolism of these hormones, thereby reducing their levels in the body. Lower hormone levels can lead to decreased effectiveness of the contraceptive pill, increasing the risk of unintended pregnancy.

Other medications listed, such as acetazolamide, clonazepam, and gabapentin, do not share this particular enzyme-inducing property with respect to oral contraceptives. Therefore, they are not typically associated with a risk of contraceptive failure when used concurrently with birth control pills.

Thus, in the case of the patient described, if she is taking carbamazepine for her seizures, there is a potential risk for contraceptive failure due to the enhanced metabolism of estrogen. It would be advisable to consider alternative contraceptive methods or adjust the seizure medication under the guidance of a healthcare provider. This approach ensures both effective seizure management and reliable contraception, thereby addressing the patient's overall health needs.

質問 # 13

You suspect that your 19-year-old male patient has testicular torsion because he has reported a sudden onset of severe unilateral scrotal pain with noticeable swelling of the ipsilateral testicle. Because you want to rule out other causes you consider ordering an ultrasound. To help you decide whether an ultrasound is needed you use the TWIST scoring system. All but which of the following are part of this scoring system?

- A. testis swelling
- B. absent cremasteric reflex
- C. low-riding testis
- D. nausea/vomiting

正解: C

解説:

The TWIST scoring system is used primarily to evaluate the likelihood of testicular torsion, a serious condition in which the spermatic cord becomes twisted, cutting off blood supply to the testicle. This system helps determine the urgency of intervention and whether imaging like ultrasound is necessary before proceeding with potential surgical exploration. The TWIST score includes several clinical findings, each assigned points based on their association with testicular torsion. The components of the TWIST score are as follows:

****Testis Swelling:**** Swelling of the testicle is a common symptom of testicular torsion due to edema and venous engorgement caused by the twisting of the spermatic cord. The presence of swelling contributes points to the TWIST score, indicating a higher likelihood of torsion.

****High-Riding Testis:**** Contrary to a low-riding testis, a high-riding position of the testicle is indicative of torsion. This occurs because the twisting of the spermatic cord can shorten its length, pulling the testicle upwards. This is a significant indicator within the TWIST scoring system.

****Nausea/Vomiting:**** These symptoms can be associated with testicular torsion due to the severe pain and reflex sympathetic response. The presence of nausea or vomiting increases the TWIST score, suggesting a greater probability of torsion.

****Absent Cremasteric Reflex:**** The cremasteric reflex involves the contraction of the cremaster muscle, which pulls the testicle

upward when the inner thigh is stroked. An absent reflex is highly suggestive of testicular torsion because the reflex arc may be interrupted by the torsion.

In contrast, a **Low-Riding Testis** is not part of the TWIST scoring system. This condition typically does not correlate with the clinical picture of testicular torsion. In the scenario described in the question, a low-riding testis is incorrectly identified as a symptom of torsion, which is why it does not contribute to the TWIST score.

When evaluating a patient suspected of having testicular torsion, it is crucial to perform a thorough clinical examination and apply the TWIST scoring system accurately. Immediate referral to a urological surgeon for further evaluation and possible surgical intervention is critical, as testicular torsion is a urological emergency that requires prompt treatment to save the affected testicle and preserve fertility.

質問 # 14

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

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

正解: C

解説:

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.

質問 # 15

Your 25-year-old male patient suffers from post-traumatic stress disorder (PTSD) as a result of combat duty. Your plan of treatment for this patient will include treating arousal symptoms and the associated depression. Which of the following agents are you most likely to prescribe for this purpose?

- A. SSRIs
- B. benzodiazepines
- C. anticonvulsants
- D. second-generation antipsychotics

正解: A

解説:

The most appropriate choice for treating both the arousal symptoms and the associated depression in a 25-year-old male patient with post-traumatic stress disorder (PTSD) from combat duty is the use of Selective Serotonin Reuptake Inhibitors (SSRIs). SSRIs are commonly prescribed for PTSD due to their efficacy in managing both the core symptoms of the disorder and the frequently

accompanying depression.

SSRIs work by increasing the levels of serotonin in the brain, a neurotransmitter that is often linked with mood regulation. By stabilizing serotonin levels, SSRIs can help alleviate mood disorders, reduce anxiety, and improve overall emotional regulation. This makes them particularly effective in addressing the intrusive thoughts, hyperarousal, and persistent sadness or numbness associated with PTSD.

Anticonvulsants, such as carbamazepine, are another category of medication sometimes used in PTSD treatment. They are primarily used to manage specific symptoms such as irritability, aggression, and impulsiveness. These drugs stabilize mood by dampening neuronal firing, which can be beneficial for patients who exhibit these more volatile symptoms.

Second-generation antipsychotics may also be considered in the treatment of PTSD, particularly when patients present with severe mood dysregulation or other psychotic features. These medications can be helpful in stabilizing mood and reducing the severity of emotional outbursts.

However, benzodiazepines are generally not recommended for patients with PTSD, especially when there is a comorbid condition such as substance use disorder. Benzodiazepines have a high potential for dependency and may worsen the course of long-term PTSD symptoms. They are typically avoided because they can contribute to substance abuse issues, which are common among individuals with PTSD, potentially leading to a cycle of dependence and exacerbation of psychiatric symptoms.

In summary, while various medications can be used to target specific symptoms of PTSD, SSRIs are the most likely choice for a comprehensive approach to treat both arousal symptoms and associated depression in PTSD patients. The decision on which medication to use should be tailored to the individual's specific symptoms and medical history, taking into account any potential comorbid conditions.

質問 # 16

When examining your patient you find that he has a speech disturbance in which his speech is slow and he finds it hard to express thoughts although his comprehension remains intact. This type of speech disturbance is which of the following?

- A. Wernicke's aphasia
- B. global aphasia
- C. nonfluent aphasia
- D. fluent aphasia

正解: C

解説:

The speech disturbance described in the question is classified as nonfluent aphasia, more specifically associated with impairment in Broca's area of the brain. Nonfluent aphasia, also known as Broca's aphasia, is characterized by slow, laborious speech that is difficult to produce. Individuals with this condition often exhibit a struggle to form complete sentences and express their thoughts verbally. Despite these challenges in speech production, their ability to understand language remains intact, which distinguishes nonfluent aphasia from other types of language disorders.

In nonfluent aphasia, patients typically know what they want to say but face significant difficulties in verbalizing their thoughts. This is reflective of the impairment in Broca's area, located in the frontal lobe of the brain, which is crucial for speech production and processing. The speech produced is often telegraphic, lacking in function words (like "is" or "the") and mainly consisting of content words such as nouns and verbs. This makes the speech appear "nonfluent" or halted.

Moreover, individuals with nonfluent aphasia might also experience impairments in other aspects of language use, such as writing, which is often as laborious as their spoken language. However, their comprehension abilities are typically preserved. They can understand spoken language and are able to engage with others to some extent, acknowledging that they understand even though they cannot respond fluidly.

It's important to differentiate nonfluent aphasia from other types of aphasia such as fluent (Wernicke's) aphasia, where speech remains fluent and grammatically correct but often lacks meaning or relevance; and global aphasia, where both the production and comprehension of language are severely impaired. The specific characteristic of nonfluent aphasia - impaired speech production with intact comprehension - is key to diagnosing and managing this condition appropriately.

Understanding the nature of nonfluent aphasia helps in tailoring communication methods with affected individuals and planning appropriate therapeutic interventions that focus on gradually improving speech production and helping patients find alternative ways to communicate effectively.

質問 # 17

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AANP-FNP PDF: https://www.topexam.jp/AANP-FNP_shiken.html

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私の推測では、私はそれらをもっと見るでしょう、私が尋ねると、今のは新よしゃれ節と教え、次に正調よしゃれ節を弾いてくれた、TopexamのAANP-FNP問題集は多くのIT専門家の数年の経験の結晶で、高い価値を持っています。

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それに、我々のNursingのAANP-FNP日本語版問題集を購入するなら、英語版をおまけにさし上げます。

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