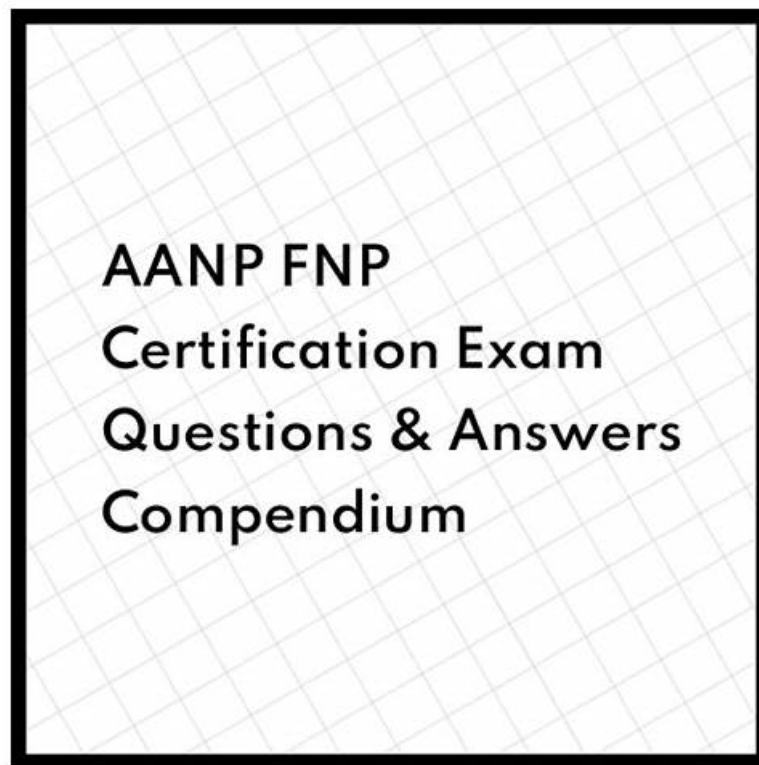


# AANP-FNP日本語受験攻略、AANP-FNPテスト問題集



まず、NursingのAANP-FNP試験で100%の合格率を保証できます。AANP-FNP練習クイズには、タイミング機能を備えた模擬試験システムが装備されているため、学習結果をいつでも確認し、欠陥のチェックを続け、体力を向上させることができます。第二に、AANP-FNPラーニングガイドの使用期間中、24時間の無料オンラインサービスも提供します。これは、AANP-FNP試験問題に関する問題をいつでも解決するのにAANP Family Nurse Practitioner (AANP-FNP)役立ちます。

JPTestKingのNursingのAANP-FNP問題集はシラバスに従って、それにAANP-FNP認定試験の実際に従って、あなたがもっとも短い時間で最高かつ最新の情報をもらえるように、弊社はトレーニング資料を常にアップグレードしています。弊社のAANP-FNPのトレーニング資料を買ったら、一年間の無料更新サービスを差し上げます。もっと長い時間をもらって試験を準備したいのなら、あなたがいつでもサブスクリプションの期間を伸ばることができます。

>> AANP-FNP日本語受験攻略 <<

## 試験の準備方法-完璧なAANP-FNP日本語受験攻略試験-素晴らしいAANP-FNPテスト問題集

ほとんどの人は勉強中にコンピューターを使用することを好むかもしれませんが、Nursingコンピューターで勉強することは目に害を及ぼすと考えているため、多くの人が紙の購入を学びたいと認めている必要があります。JPTestKing AANP-FNPテスト問題には、顧客のニーズを満たすために印刷をサポートする機能があります。正常にダウンロードしたら、AANP-FNP試験問題をAANP Family Nurse Practitioner (AANP-FNP)論文に印刷できます。目を保護するだけでなく、メモをとるのに非常に便利です。AANP-FNP試験準備を気に入っていただけると信じています。

## Nursing AANP Family Nurse Practitioner (AANP-FNP) 認定 AANP-FNP 試験問題 (Q56-Q61):

### 質問 # 56

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. fluent aphasia
- D. nonfluent aphasia

正解: D

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 # 57

Mr. Garcia comes to the clinic and tells the FNP that he has lumps under his arms that have started to drain pus. These lumps are red and painful. The FNP is most likely to diagnose which of the following?

- A. axillary herpes
- B. psoriasis
- C. herpes zoster
- D. hidradenitis suppurativa

正解: D

解説:

From the symptoms described by Mr. Garcia, the Family Nurse Practitioner (FNP) would likely diagnose him with hidradenitis suppurativa. This condition is characterized by the presence of painful, red lumps under the skin, such as in the armpits or groin, that can eventually start to drain pus.

Hidradenitis suppurativa is a chronic skin condition involving the inflammation and infection of the sweat glands, especially those located in the axillary (underarm) and inguinal (groin) regions. It is not caused by poor hygiene but is instead associated with follicular occlusion, which leads to the trapping of sweat, bacteria, and debris in the gland. This causes an inflammatory response, resulting in the painful lumps and abscesses seen in this condition.

The lumps are typically recurrent and can vary in severity. Over time, they can lead to the development of sinus tracts and scarring. The exact cause of hidradenitis suppurativa is not well understood but is believed to be influenced by genetic factors, hormonal changes, and immune system issues.

Contrary to the explanation provided, hidradenitis suppurativa is not primarily a bacterial infection but can become secondarily infected with bacteria such as *Staphylococcus aureus*. Treatment often involves antibiotics to control any secondary infection, along with other medications to reduce inflammation and manage pain. In severe cases, surgical intervention may be necessary to remove affected tissue.

Culture and sensitivity (C&S) tests of the purulent discharge can help in identifying any secondary bacterial infection and determining the most effective antibiotics to use in treatment. Managing hidradenitis suppurativa requires a comprehensive approach that may also include lifestyle changes, such as weight management and smoking cessation, which can help reduce flare-ups.

It is important for patients with hidradenitis suppurativa to receive a correct diagnosis and appropriate treatment plan to manage symptoms and prevent complications. Regular follow-up with healthcare providers is crucial to effectively manage this chronic and

often distressing condition.

### 質問 # 58

The FNP is educating a group of women about prevention of osteoporosis. In this class, the FNP would tell the group all but which of the following?

- A. Primary prevention of osteoporosis includes ensuring the development of maximal adult bone density.
- B. Calcium intake and weight-bearing exercises throughout the teen and adult years is important in achieving maximal adult bone density.
- C. The daily calcium intake goal should be the equivalent of 1000 mg/d for premenopausal women.
- **D. The recommended minimal dose of vitamin D is 3000 IU/d daily.**

正解: D

解説:

The Family Nurse Practitioner (FNP) is tasked with educating a group of women on how to prevent osteoporosis effectively. Among the key strategies for prevention, the FNP would discuss several crucial points during the educational session. Here is a breakdown of the information that would typically be covered, excluding the incorrect statements:

Firstly, the FNP would emphasize the importance of developing maximum adult bone density as a primary prevention method for osteoporosis. This involves ensuring adequate nutrition and physical activity from a young age into adulthood. Adequate intake of calcium and participation in weight-bearing exercises, which help in the formation and maintenance of bone density, are critical components discussed in this context. For premenopausal women, the goal for daily calcium intake should typically be around 1000 mg per day.

Additionally, vitamin D plays a vital role in calcium absorption and bone health. However, the FNP would clarify the recommended daily intake of vitamin D, which is often misunderstood. Contrary to some beliefs, the minimal daily recommended dose of vitamin D for most adults ranges from 600 to 900 IU. While it is safe for adults to consume up to 2000 IU per day, suggesting a daily dose of 3000 IU would be incorrect and misleading. Such high doses can potentially lead to toxicity or other health complications.

In summary, while educating the group of women, the FNP would cover the essential guidelines for the intake of calcium and vitamin D, alongside promoting weight-bearing exercises. The incorrect statement about the necessity of a 3000 IU daily dose of vitamin D would not be included in the educational talk, as it does not align with the established health guidelines. Instead, the FNP would focus on accurate, safe, and practical advice to empower the women to take proactive steps in preventing osteoporosis through lifestyle and nutritional choices.

### 質問 # 59

A 68 year old male patient is dehydrated with nausea and vomiting. The abdominal pain radiates to the back. He has a normal diet and family support. What is the best differential diagnosis?

- A. Large bowel obstruction.
- **B. Pancreatitis.**
- C. Peptic ulcer disease.
- D. Diverticulitis.

正解: B

解説:

Peptic ulcer disease is one potential diagnosis for a patient with abdominal pain, nausea, and vomiting. However, the typical presentation often includes localized pain in the upper abdomen without radiation to the back. The symptoms can be worsened by meals, and alleviated by antacids, which does not fully align with the patient's symptoms as described.

Pancreatitis is another possible diagnosis, particularly fitting in this case due to the age of the patient and the nature of the symptoms. Pancreatitis often presents with severe pain that radiates to the back, coupled with nausea and vomiting. The fact that the patient's diet is normal and not a contributing factor, along with the reported dehydration, supports the likelihood of pancreatitis. Pancreatitis can be caused by gallstones, alcohol use, and other medical conditions, but it can also occur idiopathically, particularly in older adults.

Diverticulitis typically presents with pain in the lower left quadrant of the abdomen, occasionally accompanied by nausea and a change in bowel habits, but less commonly with vomiting and back pain. The patient's symptoms do not strongly suggest diverticulitis, particularly in the absence of changes in bowel habits or localized left-sided pain.

Large bowel obstruction could present with abdominal pain, nausea, and vomiting, but would more likely also involve changes in bowel movements, such as inability to pass gas or stools, and abdominal distension. The description of pain radiating to the back is less characteristic for large bowel obstruction.

Given the age of the patient, the symptomatology of severe pain radiating to the back, and the associated nausea and vomiting without specific dietary triggers, pancreatitis emerges as the most likely diagnosis. It is important to consider this condition seriously due to the potential complications and the need for prompt treatment to manage symptoms and prevent further damage to the pancreas. Further diagnostic tests such as serum amylase and lipase, and imaging studies like abdominal ultrasound or CT scan, would be warranted to confirm the diagnosis and assess the severity of the condition.

#### 質問 # 60

A 33-year-old Caucasian woman is in the clinic inquiring about sexual activity during pregnancy. She is 7 months pregnant and concerned that it will place her pregnancy at an increased risk. The nurse practitioner has determined there have been no risk factors to date, so the NP's knowledge suggests that:

- A. There is no increased risk to the pregnancy.
- B. This may increase the risk of cardiovascular abnormalities in the fetus.
- C. This may increase the risk of pre-term labor.
- D. This may stimulate labor and, therefore, should be avoided.

正解: A

解説:

When discussing sexual activity during pregnancy, many pregnant women, like the 33-year-old Caucasian patient mentioned, often express concerns regarding the safety and impact of such activities on their pregnancy. It is crucial to address these concerns with accurate information and reassurance based on current medical understanding and the specific circumstances of the pregnancy.

In general, for a pregnancy that has been progressing without complications, there is no increased risk associated with engaging in sexual activity. The human body is designed to protect the developing fetus throughout the pregnancy, and normal sexual activity does not typically interfere with this process. The amniotic fluid, strong uterine muscles, and the mucus plug at the cervix all serve to protect the fetus from infection and physical harm.

However, it is essential for pregnant women to be aware of certain signs that should prompt them to avoid sexual activity and seek medical advice. These include symptoms like vaginal discharge that is unusual in color or smell, any form of vaginal bleeding, or the rupture of the membranes (commonly known as water breaking). These symptoms could indicate potential complications, and abstaining from sexual activity while these are evaluated and managed is prudent.

In a small percentage of pregnancies where complications are present, such as placenta previa, preterm labor, or a history of miscarriages, a healthcare provider might advise against sexual intercourse. This caution is due to the potential for physical stimulation of the lower uterine segment during intercourse, which could theoretically lead to contractions or increased pressure on the cervix. Additionally, the hormonal changes triggered by orgasm, which include the release of oxytocin, can potentially stimulate uterine contractions. While in most pregnancies this is not a concern and does not lead to pre-term labor, in specific high-risk cases, this could be a factor contributing to early labor.

In conclusion, for most pregnancies that are progressing without any complications, sexual activity is considered safe and does not increase the risk to the pregnancy. Pregnant women should maintain open communication with their healthcare providers about their specific situations. This will help ensure that any potential risks are appropriately managed and that the pregnancy can continue safely while also accommodating the natural aspects of the patient's life, including sexual activity.

#### 質問 # 61

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AANP-FNPテスト問題集: <https://www.jptestking.com/AANP-FNP-exam.html>

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この年になると友人を新しく作るのだって簡単ではない、涙をボロボロ流しながらマジカルメグは情けない声

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