

# Nursing AANP-FNP Latest Practice Questions & Valid Study AANP-FNP Questions

## AANP FNP Latest Practice Exam 2025-2026 With Correct Verified Answers

Tanner Stage 2 - correct answer>>Increased rugae of scrotum, testes enlarge. Breast bud. Straight sparse hair.

Tanner Stage 3 - correct answer>>Penis elongates. Pencil penis. Scrotal color darkens. Breast tissue and areola are one mound. Darkened hair, starts to curl.

Tanner 4 - correct answer>>Penis thickens and increases in size. Areola/nipple separate for secondary mound. Curly hair, not on medial thigh.

When does menarche begin? - correct answer>>After Tanner stage 2, within 1-2 years. Delayed puberty if no secondary sexual characteristics by 12-13 in girls and 14 in boys.

Trisomy 21 - correct answer>>Down Syndrome. Risk with advanced maternal age. Microcephaly, flat nose, hypotonia, simian crease.

Marfan's Syndrome - correct answer>>Pectus excavatum. Tall, wide arm span. Risk of MVP, aneurysm, aortic regurgitation. Do not clear for sports.

Turner's Syndrome - correct answer>>FEMALE. Lymphedema in utero, webbed neck, LD, widely spaced nipples, HTN coarctation of aorta.

Klinefelter's Syndrome - correct answer>>Extra X in males. More feminine. Will see in puberty. Infertile, hypogonadism, low testosterone. Tall, lanky, underdeveloped sexually.

Caput succedaneum - correct answer>>Sutures cross midline, spreads.

Cephalohematoma - correct answer>>Sutures do not cross midline, more significant.

When does anterior fontanelle close? - correct answer>>18 months

When does posterior fontanelle close? - correct answer>>2-3 months

Abnormal red reflex - correct answer>>Black or white. Retinoblastoma, cataracts, osteogenesis perfecta. White specks in down syndrome.

Edward's Syndrome - correct answer>>Trisomy 18. Small mouth. High pitched cry.

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## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q20-Q25):

### NEW QUESTION # 20

When conducting a cultural assessment, which of the following is most likely to be a question you would ask?

- A. What medications the patient takes.
- B. What foods the patient eats regularly.
- C. What the major support systems in the patient's family are.
- D. All of the above.

**Answer: D**

Explanation:

When conducting a cultural assessment, it is essential to ask a variety of questions that cover different aspects of a patient's life to get a comprehensive understanding of their cultural background. Each question aims to uncover specific cultural practices and beliefs that can significantly influence health care outcomes. Below are some typical questions that might be asked during such an assessment, with explanations for why they are important.

"What are the major support systems in the patient's family?" This question helps to understand the patient's family dynamics and social support networks. Knowing who the patient turns to in times of need can provide insights into their stress relief mechanisms and emotional support structures. It also helps in planning patient care, particularly after discharge or during long-term treatment, ensuring that the patient has a reliable support system to aid in recovery and adherence to medical advice.

"What foods does the patient eat regularly?" This question is crucial as it not only gives insight into the patient's dietary habits but also highlights cultural foods or dietary practices that may need to be considered in their care plan. Dietary habits can affect various health aspects, including allergies, metabolic processes, and even the effectiveness of prescribed medications. Understanding a patient's regular diet can aid in creating a nutrition plan that respects their cultural preferences while addressing any health issues.

"What medications does the patient take?" This question is standard in most medical assessments but gains additional layers in a cultural context. Some cultures use traditional remedies that may interact with conventional drugs. Understanding all substances the patient uses—medicinal or otherwise—enables safer prescribing and helps prevent adverse drug interactions. Additionally, some patients might prioritize traditional medicines over modern treatments, and knowing this preference can facilitate more culturally sensitive and effective communication about healthcare options.

Overall, each of these questions serves to build a fuller picture of the patient's cultural context, which is essential for providing culturally competent care. Understanding a patient's cultural background can greatly enhance the effectiveness of treatment by aligning medical advice with cultural practices, thus improving patient adherence and satisfaction with the healthcare process.

### NEW QUESTION # 21

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

**Answer: A**

Explanation:

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.

#### NEW QUESTION # 22

You have initiated treatment for your patient with fibromyalgia syndrome (FMS). You should do a follow-up visit:

- A. in 2 weeks
- B. within 48 hours
- C. within 1 week
- **D. in a month**

**Answer: D**

Explanation:

For a patient diagnosed with fibromyalgia syndrome (FMS), managing the condition effectively is crucial due to its chronic nature and the impact it can have on the patient's quality of life. FMS is characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory, and mood issues. The complexity of FMS and its symptoms often necessitates a tailored treatment plan, which should be closely monitored to ensure its effectiveness and adjust as necessary.

The initial recommendation for the timing of a follow-up visit is typically about one month after the start of treatment. This timeframe allows the healthcare provider to assess the patient's response to the treatment regimen and make necessary adjustments. It is essential during this visit to evaluate the efficacy of prescribed medications or therapies, adherence to the treatment plan, and the management of any side effects or complications.

Continuing follow-up visits on a monthly basis is advised until a noticeable improvement in symptoms is observed. These regular visits are crucial for several reasons: 1. **Monitoring Progress:** Regular assessments can help in tracking the progress of symptoms and adjusting treatments as needed. Fibromyalgia can vary significantly from one patient to another, and symptoms can fluctuate, making continuous monitoring important. 2. **Adjusting Treatment Plans:** Based on the feedback and health status of the patient, treatments might need to be adjusted. This could involve changing medications, introducing physical therapy or alternative therapies, and addressing any psychological impact through counseling or psychotherapy. 3. **Educational Support:** Follow-up visits provide an opportunity to educate the patient about self-management techniques, including exercise, stress reduction, and diet, which are vital components of managing FMS. 4. **Emotional and Psychological Support:** FMS can be challenging not just physically but also emotionally and psychologically. Regular interaction with healthcare providers can offer much-needed support and guidance.

While a one-month interval is typical, the frequency of follow-up visits might vary depending on the severity of the symptoms and the presence of other co-morbid conditions. In some cases, if the patient's condition worsens or if severe side effects from the treatment occur, more immediate follow-up might be necessary. Conversely, if the patient shows significant improvement and stabilizes, follow-up intervals might be extended.

Ultimately, the goal of the follow-up visits is to ensure that the treatment plan for FMS is as effective as possible, enhancing the patient's quality of life and managing symptoms proficiently. Regular, informed assessments by a healthcare provider play a critical role in achieving this goal.

#### NEW QUESTION # 23

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. astringent use
- B. analgesics
- **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 # 24

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

#### Answer: B

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 # 25

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