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**AANP FNP PRACTICE EXAM 2024/ACTUAL EXAM
WITH 100 QUESTIONS AND CORRECT DETAILED
ANSWERS/LATEST UPDATE 2024-2025**

An 86-year-old patient is experiencing radiculopathy-associated lower back pain that has not improved over the past 4 weeks. The medical history includes a lumbar discectomy. The best type of imaging study for evaluating this patient would be a/an:

1. MRI.
2. spinal X-ray.
3. myelography.
4. nuclear bone scan. - **answer** ✓ MRI

A 30-month-old with a history of frequent ear infections was seen in September after a symptom-free summer. Examination revealed bilateral bulging eardrums. After two separate courses of antibiotics, fluid is noted in both ears. The parent reports speech difficulties. The most likely diagnosis is:

1. otitis media with effusion.
2. myringitis.
3. recurrent acute otitis.
4. Eustachian tube dysfunction. - **answer** ✓ otiti media with effusion

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The AANP Family Nurse Practitioner (AANP-FNP) (AANP-FNP) certification is a valuable credential that every Nursing professional should earn it. The Nursing AANP-FNP certification exam offers a great opportunity for beginners and experienced professionals to demonstrate their expertise. With the AANP Family Nurse Practitioner (AANP-FNP) (AANP-FNP) certification exam everyone can upgrade their skills and knowledge. There are other several benefits that the AANP-FNP Exam holders can achieve after the success of the AANP Family Nurse Practitioner (AANP-FNP) (AANP-FNP) certification exam. However, you should keep in mind to pass the Nursing AANP-FNP certification exam is not an easy task. It is a challenging job.

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

NEW QUESTION # 36

An adult patient admits to drinking alcohol on the weekends. He does, however, say in the interview that he is thinking about cutting back on his drinking. What other statement would indicate that the patient is possibly an alcoholic?

- A. He wants to cut out drinking on the weekends to reduce calories.
- B. He does not drink to alleviate stress.
- C. His friend tell him he drinks too much.
- D. He drinks one beer a night.

Answer: C

Explanation:

The question concerns identifying potential signs of alcoholism in an adult patient who admits to drinking alcohol on weekends and is considering reducing his alcohol intake. The correct answer to the question is indicated by the statement that his friend tells him he drinks too much.

This answer is significant because feedback from friends or family regarding an individual's drinking habits can be an important indicator of alcohol-related problems. When friends or family express concern about someone's drinking, it often suggests that they have observed negative patterns or consequences that the drinker may not fully recognize or admit. This external perspective can highlight a discrepancy between the drinker's self-perception and how others perceive their behavior.

The reference to feeling guilty about drinking, as mentioned in the explanation, aligns with one of the components of the CAGE questionnaire, a widely-used method of screening for alcohol problems. The CAGE questionnaire consists of four questions: 1. Have you ever felt you ought to Cut down on your drinking? 2. Have people Annoyed you by criticizing your drinking? 3. Have you ever felt bad or Guilty about your drinking? 4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)?

In this context, the friend's comment corresponds to the second question of the CAGE ("Have people Annoyed you by criticizing your drinking?"), pointing to potential issues. If the patient's friends are telling him that he drinks too much, this external concern, combined with his own thoughts about cutting back, suggests that his drinking might be more problematic than he initially perceives. Other statements provided in the options, such as wanting to cut down on drinking to reduce calorie intake, drinking one beer a night, or not drinking to alleviate stress, do not directly indicate problematic drinking. These statements could be part of normal behavior patterns and do not necessarily suggest alcohol dependence or abuse.

In conclusion, the concern expressed by friends is particularly telling because it suggests visible effects or patterns that are worrying to others, a common characteristic observed in cases of alcohol misuse or dependency. This external feedback is a crucial element in assessing the severity of the drinking issue and deciding on the need for further intervention or evaluation using tools like the CAGE questionnaire.

NEW QUESTION # 37

All but which of the following would be considered an ACE inhibitor that is used for hypertension?

- A. Enalapril
- B. Trandolapril
- C. Torsemide
- D. Lisinopril

Answer: C

Explanation:

ACE inhibitors, or angiotensin-converting enzyme inhibitors, are a class of medications used primarily for managing hypertension

(high blood pressure) and heart failure. These drugs function by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor. By reducing the production of angiotensin II, ACE inhibitors lead to dilation of blood vessels, which in turn lowers blood pressure and reduces the workload on the heart.

The question provided lists several medications and asks which one is not an ACE inhibitor. The medications listed include Enalapril, Torsemide, Trandolapril, Lisinopril, and again Torsemide. Among these, Enalapril, Trandolapril, and Lisinopril are well-known ACE inhibitors. They are commonly prescribed for treating hypertension and are known for their effectiveness in reducing blood pressure and managing heart-related conditions.

On the other hand, Torsemide is not an ACE inhibitor. It belongs to a different class of drugs known as loop diuretics. Torsemide (marketed under the brand name Demadex) is primarily used for the treatment of edema associated with heart failure, renal disease, or hepatic disease. It works by affecting the sodium, potassium, and chloride reabsorption in the kidneys, leading to an increase in urine production and a decrease in fluid in the body, which can help lower blood pressure but through a mechanism different from that of ACE inhibitors.

Therefore, in response to the question, Torsemide is the correct answer as it is not an ACE inhibitor. It is important to distinguish between these medications as they are used for similar conditions but operate through different mechanisms and have different implications for patient care.

NEW QUESTION # 38

You are providing care to a patient whose medication order indicates that his oral medication should be given p.c. How would you administer this patient's medication?

- A. Before meals.
- B. First thing in the morning, on an empty stomach.
- C. After meals.
- D. With a full glass of water.

Answer: C

Explanation:

When you encounter a medication order for a patient that specifies the medication should be given "p.c.," it indicates that the medicine should be administered after meals. The abbreviation "p.c." stands for "post cibum," which is Latin for "after meals." This is a common directive in medical prescriptions that is intended to optimize the absorption of the medication or minimize potential adverse effects that could occur if taken on an empty stomach.

It is important to note that the specific timing mentioned in the order (e.g., immediately after eating, or an hour post-meal) should be followed closely to ensure the effectiveness of the medication. Some medications might require absorption without interference from food, while others might need the presence of food to prevent stomach upset or enhance absorption.

As a healthcare provider, when administering medication that is ordered to be taken "p.c.," ensure that the patient has indeed consumed a meal before giving the medication. This helps in achieving the desired therapeutic effect and minimizing any side effects. If the patient is unable to eat or has dietary restrictions, you may need to consult with the prescribing physician for further instructions or possible adjustments to the medication regimen.

Additionally, when educating the patient and their caregivers about the medication, emphasize the importance of following the "p.c." instruction. Explain the reasons why the medication should be taken after meals and discuss any potential consequences of deviating from this protocol. This education not only helps in managing the patient's condition effectively but also empowers the patient and caregivers by making them active participants in the care process.

Lastly, always verify the patient's understanding of when and how to take their medication, and encourage them to ask questions if anything is unclear. This ensures that the patient feels supported and is more likely to adhere to their treatment plan, leading to better health outcomes.

NEW QUESTION # 39

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

Answer: D

Explanation:

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.

NEW QUESTION # 40

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

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

Answer: B

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 # 41

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