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AANP FNP Certification Exam with complete solution

2023/2024

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

Fundal height 12 weeks - Correct Answer Fundal Height 12 weeks above symphysis pubis. EXAM

Fundus 16 weeks between symphysis pubis and umbilicus.

Fundus at 20 weeks is at umbilicus.

2 cm more or less from # of wk gestation is normal if more or less order US

3 month old infant with down syndrome, due to milk intolerance, mom started on goats milk; now has pale conjunctiva but otherwise healthy. Low HCT. What additional test would you order? - Correct Answer Iron, TIBC

3 months of synthroid, TSH increased, T4 normal, what do you do? - Correct Answer Increase Medication

3 ways to assess cognitive function in patient with signs/symptoms of memory loss - Correct Answer Mini mental exam

4 month old with strabismus, mom is worried..... - Correct Answer tell her it is normal.

4 month old wont keep anything down, what is the main thing you look at? - Correct Answer Growth chart

6 month old closed anterior fontanel. - Correct Answer XRAY

Abnormal cells on PAP, what do you do next? - Correct Answer Refer for Colposcopy

CAGE ACRONYM - Correct Answer Cut down

Annoyed by criticism

Guilty about drinking

Eye opener drink

Causes of tachycardia - Correct Answer Fever

Anemia

Hypotension

Cranial nerves responsible for extraocular eye movements - Correct Answer CN 3,4,6

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It is similar to the AANP-FNP desktop-based software, with all the elements of the desktop practice exam. This AANP-FNP exam can be accessed from any browser and does not require installation. The AANP-FNP questions in the mock test are the same as those in the real exam. And candidates will be able to take the web-based AANP-FNP Practice Test immediately through any operating system and browsers.

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q51-Q56):

NEW QUESTION # 51

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

Answer: C

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 # 52

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 does not drink to alleviate stress.
- B. He wants to cut out drinking on the weekends to reduce calories.
- 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 # 53

A disease characterized by high fever, truncal and perineal area rash, and dry cracked lips with a strawberry tongue is known as:

- A. Scarlet Fever
- B. Fifth disease
- C. Varicella
- D. Kawasaki disease

Answer: D

Explanation:

Kawasaki disease, correctly identified in the question, is a multisystem inflammatory condition that predominantly affects children under the age of five. The hallmark features of this disease include a persistent high fever lasting more than five days, a rash in the truncal and perineal areas, and mucosal inflammation, which manifests as dry, cracked lips and a strawberry-colored tongue. These symptoms are critical for the diagnosis of Kawasaki disease, particularly in the absence of other more common childhood illnesses that present with similar symptoms.

Additional clinical signs of Kawasaki disease include erythema of the palms and soles followed by peeling, swollen lymph nodes, typically a single, large, cervical node, and non-purulent conjunctivitis. These symptoms help differentiate Kawasaki disease from other diseases with somewhat similar presentations. The etiology of Kawasaki disease remains unknown, but it is considered an autoimmune disorder triggered by an infectious agent in genetically predisposed individuals.

Scarlet Fever, another disease option mentioned, is caused by *Streptococcus pyogenes*. While it also features fever and a rash, the rash of Scarlet Fever typically starts as small red bumps on the neck and groin before spreading to the body, and is often accompanied by a sore throat and a characteristic "sandpaper" texture of the skin. Strawberry tongue can also occur in Scarlet Fever, but the presence of a sore throat, the nature of the rash, and the absence of conjunctivitis are distinguishing features from Kawasaki disease.

Varicella, commonly known as chickenpox, presents with a vesicular rash that progresses through stages (papule, vesicle, crust) and is generally more widespread and itchy, which is not characteristic of Kawasaki disease. Finally, Fifth disease, caused by *Parvovirus B19*, is notable for causing a "slapped cheek" appearance on the face and a lacy rash on the body, which are not features of Kawasaki disease.

Understanding these distinguishing features is crucial in clinical practice to ensure accurate diagnosis and management. Kawasaki disease, in particular, requires prompt treatment with intravenous immunoglobulin and aspirin to reduce the risk of coronary artery aneurysms, a serious complication of the disease. Thus, differentiating it from other childhood rashes and infections using the specific clinical criteria is imperative for effective treatment and prevention of complications.

NEW QUESTION # 54

Sandra is a 40-year-old sexually active female patient who complains of right upper quadrant abdominal pain. You find that there is tenderness upon palpation of the area. This is indicative of which of the following conditions/diseases?

- A. Jarisch-Herxheimer reaction
- B. **Fitz-Hugh-Curtis syndrome**
- C. Reiter's syndrome
- D. syphilis

Answer: B

Explanation:

Fitz-Hugh-Curtis syndrome is a rare complication of pelvic inflammatory disease (PID), primarily associated with *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections. This syndrome is characterized by inflammation of the liver capsule and the

formation of adhesions between the liver and the surrounding peritoneal structures. The condition is named after the physicians Thomas Fitz-Hugh, Jr. and Arthur Hale Curtis, who first described it in the 1930s.

The typical clinical presentation of Fitz-Hugh-Curtis syndrome includes sudden onset of right upper quadrant abdominal pain, which is often sharp and may be referred to the shoulder or right chest. This pain can be exacerbated by movement or breathing and is due to the irritation of the diaphragm by the inflamed liver capsule. Additionally, patients might experience symptoms typical of PID, such as lower abdominal pain, fever, vaginal discharge, and dyspareunia (pain during sexual intercourse).

The diagnosis of Fitz-Hugh-Curtis syndrome is primarily clinical but can be supported by imaging studies such as ultrasound, CT scan, or MRI, which may show thickening of the liver capsule or adhesions. Laparoscopy is considered the definitive diagnostic tool as it allows direct visualization of the "violin string" adhesions between the liver and the anterior abdominal wall or other structures.

Treatment of Fitz-Hugh-Curtis syndrome involves managing the underlying chlamydial or gonococcal infection with appropriate antibiotics, typically a 14-day course. It is crucial to treat both the patient and their sexual partners to prevent reinfection and further complications. In some cases, where adhesions cause severe ongoing pain or other complications, surgical intervention might be necessary to remove the adhesions.

As a sexually transmitted disease complication, prevention of Fitz-Hugh-Curtis syndrome is primarily through safe sexual practices, including the use of condoms and regular STI screening. This approach can help prevent the occurrence of PID and its complications, including Fitz-Hugh-Curtis syndrome.

NEW QUESTION # 55

Gretchen is a 32-year-old sexually active female patient with symptoms of PID. She complains of right upper quadrant abdominal pain and tenderness on palpation. Liver function tests are normal. You understand that this is most likely which of the following?

- A. Jarisch-Herxheimer reaction
- B. none of the above
- **C. Fitz-Hugh-Curtis Syndrome**
- D. Reiter's syndrome

Answer: C

Explanation:

The most likely diagnosis for Gretchen, given her symptom of right upper quadrant abdominal pain and a history of pelvic inflammatory disease (PID), is Fitz-Hugh-Curtis Syndrome (FHCS). FHCS is a rare complication of PID, often caused by sexually transmitted infections such as *Neisseria gonorrhoeae* (GC) or *Chlamydia trachomatis*. It is characterized by inflammation of the liver capsule and the formation of adhesions or fibrous bands between the liver and the parietal peritoneum.

The key feature of FHCS is the development of a perihepatitis, which is an inflammation of the capsule covering the liver. This inflammation leads to sharp, right upper quadrant abdominal pain that may mimic other conditions such as cholecystitis or appendicitis. The pain is typically exacerbated by movement and may be referred to the right shoulder (due to irritation of the diaphragm).

Despite the liver being involved, liver function tests in FHCS are usually normal or show only mild abnormalities. This is because the liver parenchyma (functional tissue of the liver) is not affected. The diagnosis is often made clinically based on the symptoms and the patient's history of PID. Imaging studies like ultrasound or CT scan can be helpful in visualizing the perihepatic adhesions, though they are not always necessary.

Treatment of FHCS primarily involves addressing the underlying infection with appropriate antibiotics. This usually includes coverage for the causative organisms of PID. In addition, pain management is crucial. In severe cases or where there is significant adhesion formation, surgical intervention may be required to remove the adhesions and alleviate the symptoms.

In summary, Fitz-Hugh-Curtis Syndrome is a serious but treatable complication of PID, presenting with characteristic right upper quadrant pain, despite normal liver function tests. Early diagnosis and treatment are important to prevent further complications such as chronic abdominal pain or infertility.

NEW QUESTION # 56

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