

Questions AANP-FNP Pdf & AANP-FNP Mock Exam

AANP FNP Practice Questions & Answers

A 65-year-old woman presents for a follow-up examination after a new patient visit. She has not seen a healthcare provider for several years. She is a smoker and her hypertension is now adequately controlled with medication. Her mother died at age 40 from a heart attack. The fasting lipid profile shows cholesterol = 240 mg/dL, HDL = 30, and LDL = 200. In addition to starting Therapeutic Lifestyle Changes, the nurse practitioner should start the patient on:

1. bile acid sequestrant.
2. a statin drug.
3. a cholesterol absorption inhibitor.
4. low-dose aspirin.

(Ans- **A statin drug**)

The most commonly prescribed medication for mild systemic lupus erythematosus (SLE) is:

1. azathioprine (AZA).
2. belimumab (Benlysta).
3. ibuprofen (Advil).
4. cyclophosphamide (Cytoxan).

(Ans- **ibuprofen (advil)**)

The most common sign of cervical cancer is:

1. postcoital bleeding.
2. strong odor from vaginal discharge.
3. itching in the vaginal area.
4. molluscum contagiosum.

(Ans- **postcoital bleeding**)

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q83-Q88):

NEW QUESTION # 83

Which of the following characteristics is not typical of melanoma?

- A. irregular borders
- B. uneven texture
- C. pink-to-red targetlike lesions
- D. mixed colors

Answer: C

Explanation:

The characteristic "pink-to-red targetlike lesions" is not typical of melanoma. Melanoma, a serious form of skin cancer, generally presents with specific features known as the ABCDEs: Asymmetry, Border irregularity, Color variation, Diameter over 6mm, and Evolving nature of the mole.

Typically, melanomas are characterized by dark-colored moles that may appear black, brown, or even multicolored. These moles often have an uneven texture and irregular borders, which may blur into the surrounding skin or appear ragged. The color of a melanoma can include different shades of brown or black, and sometimes red, white, or blue tones can be seen within the lesion. In contrast, pink-to-red targetlike lesions, which are more indicative of conditions like erythema multiforme or Lyme disease, do not align with the typical presentation of melanoma. These lesions generally show a distinct pattern that resembles a target, with multiple rings of varying colors typically centering on a darker spot. Such characteristics differ significantly from the irregular, mixed-color presentation of melanoma.

Understanding these distinctions is crucial for early detection and proper treatment of melanoma, differentiating it from other skin conditions that might have less severe implications. Therefore, recognizing that pink-to-red targetlike lesions are not typical of melanoma can help in avoiding misdiagnosis and ensuring appropriate medical attention for potentially malignant changes in the skin.

NEW QUESTION # 84

Which of the following diagnoses of a red eye is most likely to be associated with constricted pupils?

- A. infectious conjunctivitis
- B. allergic conjunctivitis
- C. glaucoma
- D. iritis

Answer: D

Explanation:

When considering the diagnosis of a red eye associated with constricted pupils, iritis, also known as anterior uveitis, is the most likely condition among the options provided. Iritis is an inflammation of the iris, the colored part of the eye, and it often presents with both redness and photophobia, which is a sensitivity to light. As a protective response to light sensitivity and part of the inflammatory process, the pupil often constricts (becomes smaller) in iritis.

The other conditions listed, such as allergic conjunctivitis, infectious conjunctivitis, and glaucoma, have different effects on the pupil. Allergic and infectious conjunctivitis primarily affect the conjunctiva, which is the outermost layer of the eye and the inner surface of the eyelids. These conditions are characterized by redness, itching, and discharge, but typically do not affect the size of the pupil, which usually remains normal.

On the other hand, glaucoma, particularly acute angle-closure glaucoma, can also present with a red eye but is typically associated with a dilated pupil, not a constricted one. In acute angle-closure glaucoma, the increase in intraocular pressure can lead to a mid-dilated and non-reactive pupil. This is a distinguishing feature from iritis, where the pupil is constricted and might show a more reactive response to light despite the discomfort it causes.

Thus, among the given choices, iritis is distinctly associated with constricted pupils due to its inflammatory nature and the body's response to minimize exposure to light, which can exacerbate the pain and discomfort associated with the condition. This symptom helps differentiate it from other types of red eye conditions where the pupil size remains normal or becomes larger.

NEW QUESTION # 85

As part of the diagnosis of your 70-year-old patient's diagnosis, you explain that he has skin thickening that looks very similar to callus formation. Which term do you use to define this thickening of the skin?

- A. Scale.
- B. Excoriation.
- C. Lichenification.
- D. Fissure.

Answer: C

Explanation:

The correct term to describe the skin thickening that resembles callus formation in your 70-year-old patient is "lichenification." This term specifically refers to the thickening of the skin that occurs due to repeated irritation and scratching, leading to a leathery texture which is quite similar to calluses that typically develop on hands and feet due to friction and pressure.

To differentiate from other skin conditions, here are brief explanations of the terms listed: - **Excoriation:** This refers to skin marks or wounds caused by scratching or scraping. These are typically superficial and involve the removal of part of the skin surface, often resulting from intense itching or psychological conditions such as obsessive-compulsive disorder. - **Fissure:** This term describes a thin, linear crack in the skin that can extend into the dermis. Fissures are often seen in areas of dry or inflamed skin, such as on the heels, and can be painful. - **Scale:** Scales are flakes or patches of dead skin that appear on the surface of the skin, often seen in conditions with excessive skin cell turnover such as psoriasis. Scales can be dry and flaky or thick and oily, depending on the underlying condition.

Understanding these terms not only aids in accurate diagnosis but also enhances communication with patients and other healthcare providers, ensuring that the patient receives appropriate and targeted treatment for their specific skin condition.

NEW QUESTION # 86

Which of the following diagnostic tests would not typically be done for a patient with primary hypertension in stage 1?

- A. creatinine
- B. potassium
- C. glucose tolerance
- D. hematocrit

Answer: C

Explanation:

Hypertension, or high blood pressure, is commonly classified into various stages to guide treatment and management strategies. Stage 1 hypertension is defined by the American Heart Association as having a systolic blood pressure between 130-139 mm Hg or a diastolic blood pressure between 80-89 mm Hg. Individuals diagnosed with stage 1 hypertension are typically at a higher risk for cardiovascular disease compared to those with normal blood pressure but do not yet require the extensive diagnostic testing that might be necessary for more severe stages or complicated cases of hypertension.

When managing a patient with stage 1 hypertension, the focus is often on lifestyle modifications and, in some cases, initiating pharmacotherapy to control blood pressure. Common initial treatments include the administration of thiazide diuretics, which are effective for lowering blood pressure in many patients. The diagnostic tests recommended at this stage are usually aimed at establishing a baseline and checking for any organ damage or other conditions that might be contributing to the hypertension. Typical tests for a stage 1 hypertension patient might include: - **Blood tests to check kidney function (creatinine, blood urea nitrogen)** - **Electrolytes (potassium, sodium) to monitor for imbalances** - **Complete blood count (hematocrit and others) to rule out anemia or signs of other systemic issues** However, a **glucose tolerance test**, which measures the body's ability to use glucose effectively and is used to diagnose diabetes mellitus, is not typically a standard part of the initial assessment for a patient with stage 1 hypertension unless there is a specific reason to suspect glucose metabolism issues (such as a history of diabetes or signs of metabolic syndrome). While patients with hypertension are at increased risk for diabetes, the decision to perform a glucose tolerance test would be based on additional clinical signs or risk factors rather than hypertension alone.

The rationale behind focusing on certain tests and not others is based on the most common and immediate risks associated with the specific stage of hypertension. As the management of hypertension is tailored to the severity and the individual patient's risk factors, not all tests are necessary or relevant for every patient. In the case of stage 1 hypertension, the priority is to control blood pressure and assess for any immediate complications that could be managed with early intervention, thus optimizing the patient's long-term health outcomes.

NEW QUESTION # 87

When would Aldactone be contraindicated?

- A. When the patient has renal insufficiency (serum creatinine greater than 2.0 mg/dL).
- B. If the patient has type 2 diabetes mellitus with microalbuminuria.

- C. All of the above
- D. When the patient has hyperkalemia (serum potassium of greater than 5.5 mEq/L).

Answer: C

Explanation:

When considering the prescription of Aldactone (spironolactone), it is essential to evaluate the patient thoroughly due to several potential contraindications. Aldactone acts as a potassium-sparing diuretic and aldosterone antagonist, impacting fluid balance and electrolyte levels in the body. Thus, its use can be risky under certain conditions.

One major contraindication for Aldactone is hyperkalemia, which is when the patient has an elevated serum potassium level greater than 5.5 mEq/L. Since Aldactone conserves potassium, prescribing it to someone who already has high potassium levels could further increase these levels, potentially leading to serious cardiac problems such as arrhythmias.

Another critical contraindication is renal insufficiency, particularly when the serum creatinine level is greater than 2.0 mg/dL. Patients with compromised kidney function may not be able to adequately clear potassium from their bodies. Given that Aldactone is a potassium-sparing agent, its use in these patients could exacerbate existing hyperkalemia or induce it anew, leading to additional renal and cardiovascular complications.

The presence of type 2 diabetes mellitus with microalbuminuria also poses a risk when considering Aldactone therapy.

Microalbuminuria can be an early sign of diabetic kidney disease, and the use of Aldactone in such conditions needs careful consideration. The potential for worsening kidney function and the risk of increasing potassium levels might outweigh the benefits of using this medication in such patients.

Thus, these conditions-hyperkalemia, renal insufficiency, and type 2 diabetes with microalbuminuria-are significant contraindications for the use of Aldactone. It is imperative that a healthcare provider, such as a nurse practitioner, evaluates these patient factors thoroughly before prescribing this medication. Doing so helps prevent potential adverse effects that could result from inappropriately prescribing a potassium-sparing diuretic in these high-risk scenarios.

NEW QUESTION # 88

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