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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q44-Q49):

NEW QUESTION # 44

As an FNP you would recognize that your patient with herpangina should be treated for as long as he or she is symptomatic. How long would you expect the course of this disease would be?

- A. within one month
- **B. 3 - 5 days**
- C. 10 days
- D. 2 - 3 weeks

Answer: B

Explanation:

Herpangina is typically a self-limiting disease, characterized primarily by small, painful ulcers and sores (lesions) in the mouth. These symptoms are often accompanied by fever, a sore throat, and sometimes a runny nose or cough, collectively known as coryza. As an acute viral illness, herpangina is most commonly caused by Coxsackievirus A, a type of enterovirus. The virus spreads primarily through contact with respiratory droplets or the fecal-oral route, making it more prevalent among young children, who are less likely to maintain good hygiene.

The typical duration for herpangina is relatively short. Symptoms generally appear suddenly and can be quite severe, but they resolve quickly, usually within 3 to 5 days. This rapid resolution of symptoms is due to the body's immune response effectively combating the virus. During this period, supportive care is essential to help manage symptoms and ensure hydration, especially since painful mouth sores can make eating and drinking uncomfortable.

Treatment for herpangina focuses primarily on symptom relief. This can include the use of over-the-counter pain relievers such as acetaminophen or ibuprofen to reduce fever and alleviate pain. Additionally, mouthwashes or sprays that numb pain can help relieve the discomfort caused by mouth ulcers. It is important for caregivers to monitor fluid intake to prevent dehydration. Since herpangina is caused by a virus, antibiotics are not effective and are not prescribed.

The expected course of herpangina being 3 to 5 days is typical for uncomplicated cases. However, it is crucial for healthcare providers, including FNPs (Family Nurse Practitioners), to educate patients and caregivers about the signs of potential complications, such as dehydration or more severe infections, which could extend the duration of the illness or require more intensive medical care. Regular follow-up during the period of illness can help ensure that the patient is recovering as expected and maintaining adequate hydration and nutrition.

NEW QUESTION # 45

You calculate your patient's BMI to be 27. Into which category would this patient fall?

- A. obese
- B. normal weight
- **C. overweight**
- D. underweight

Answer: C

Explanation:

The Body Mass Index (BMI) is a simple calculation used to assess whether a person has a healthy body weight for a person of their height. It is calculated by dividing an individual's weight in kilograms by the square of their height in meters. The resulting value helps categorize individuals into various weight status categories.

According to the World Health Organization (WHO) and other health authorities, the BMI categories are defined as follows: - Underweight: BMI less than 18.5 - Normal weight: BMI 18.5 to 24.9 - Overweight: BMI 25.0 to 29.9 - Obese: BMI 30.0 and above In this particular case, the patient's BMI has been calculated at 27. Based on the categorization guidelines, a BMI of 27 falls within the 'overweight' category. This category is designated for individuals who have a BMI between 25.0 and 29.9. It indicates that the patient weighs more than what is considered healthy for their height, but not to the extent that it is classified as obesity. Being in the overweight category can be associated with an increased risk of developing various health issues, including but not limited to cardiovascular diseases, type 2 diabetes, and certain types of cancer. It is often recommended for individuals in this category to seek guidance on lifestyle changes involving diet and physical activity to help move towards a healthier BMI range. In summary, the patient with a BMI of 27 is correctly classified as overweight. This classification serves as a tool to prompt further evaluation and discussion regarding the patient's health status and potential risk factors, encouraging proactive management to improve their overall health.

NEW QUESTION # 46

Which of the following parts of Medicare pays 80% of durable medical equipment such as wheelchairs and walkers?

- A. Medicare does not pay for durable medical equipment.
- B. Part D
- C. Part A
- **D. Part B**

Answer: D

Explanation:

The correct answer to the question of which part of Medicare pays 80% of durable medical equipment, such as wheelchairs and walkers, is Part B.

Medicare Part B is primarily responsible for covering outpatient medical services. This includes not only doctor visits and outpatient hospital services but also extends to cover necessary medical equipment. Durable medical equipment (DME) is classified under these provisions.

Medicare Part B's coverage of DME is designed to assist patients who require medical aids to perform daily activities or to manage their medical conditions. This category of equipment includes items like wheelchairs, walkers, hospital beds, and other medically necessary equipment that can be used in the home. It's important that the equipment must be prescribed by a doctor and deemed medically necessary for it to qualify under Part B.

Under Medicare Part B, once the deductible is met, Medicare typically pays for 80% of the approved amount for the durable medical equipment. The beneficiary is responsible for the remaining 20%. This cost-sharing measure ensures that the equipment is both accessible and affordable for those who need it.

It is crucial for beneficiaries to understand that not all equipment may be covered or may only be partially covered depending on specific Medicare rules. Additionally, the supplier of the equipment must be enrolled in Medicare and must meet strict standards to ensure that they are providing quality equipment and services.

In contrast, Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care, but it does not typically cover durable medical equipment. Part D of Medicare covers prescription drugs and certain supplies that are not covered under Part B, but it does not cover durable medical equipment either.

Therefore, when it comes to durable medical equipment like wheelchairs and walkers, Medicare Part B is the appropriate part under which these items are covered, generally paying 80% of the costs associated with the equipment.

NEW QUESTION # 47

You have a patient who has tripped and fallen on his face and has a tooth fracture. Upon examination you observe a full fracture of the tooth involving the enamel, dentin, and pulp. Pink tissue is seen in the fracture. This fracture would be classified as which of the following?

- **A. Ellis III**
- B. Ellis II
- C. avulsion
- D. Ellis I

Answer: A

Explanation:

The correct classification for the described tooth fracture is an Ellis III fracture. This classification is used to identify tooth fractures that involve the full thickness of the tooth, including the enamel, dentin, and pulp layers.

An Ellis III fracture is more severe than Ellis I or Ellis II fractures because it extends through all three layers of the tooth. The enamel, which is the outermost protective layer of the tooth, is compromised, as is the dentin, which forms the bulk of the tooth structure beneath the enamel. Most critically, the pulp, which contains the tooth's nerve and blood supply, is also exposed. The visibility of pink tissue within the fracture site typically indicates that the pulp is involved and possibly damaged, which can lead to pain, sensitivity, and risk of infection.

The presence of pulp exposure in an Ellis III fracture necessitates prompt and specific treatment to prevent complications such as pulp necrosis or infection that could lead to an abscess or more widespread oral health issues. Management of an Ellis III fracture generally involves either a root canal procedure to remove the damaged pulp and seal off the tooth or, if the tooth is too severely damaged, extraction. In either case, a dental specialist, such as an endodontist or oral surgeon, would likely be involved in the treatment.

Immediate steps before seeing a specialist should include covering the exposed area to reduce pain and prevent contamination.

Dental wax or temporary dental cement can be applied to seal off the exposure temporarily. Additionally, it is important to advise the patient to avoid chewing with the fractured tooth and to maintain good oral hygiene to minimize further contamination.

Referral to an oral surgeon or endodontist is crucial for proper management of an Ellis III fracture. These specialists can provide the most appropriate treatment options based on the extent of the fracture and the condition of the tooth and surrounding tissues. Timely and appropriate management is essential to optimize outcomes for the patient and preserve as much of the natural tooth structure as

possible.

NEW QUESTION # 48

Mr. Sanchez's family brings him in to see you because he seems to have frequent confused episodes and possible dementia. You would use which of the following questionnaires to determine if Mr. Sanchez could indeed have a form of dementia?

- A. Folstein Mini-Mental State Exam
- B. Generalized Anxiety Disorder 7-Item Scale
- C. Clock-Drawing Test
- D. Beck Depression Inventory

Answer: A

Explanation:

*In the scenario where Mr. Sanchez is experiencing frequent episodes of confusion and potential dementia, the most appropriate tool to assess his cognitive state is the Folstein Mini-Mental State Exam (MMSE). This assessment is specifically designed to evaluate various aspects of cognitive function which are often affected in cases of dementia, including Alzheimer's disease, vascular dementia, and other conditions that impact cognitive abilities. *

*The MMSE is a brief 30-point questionnaire that is used extensively in clinical and research settings to measure cognitive impairment. It assesses several cognitive domains: orientation to time and place, immediate recall, short-term memory (through registration and recall of three words), calculation, language, and the ability to understand and follow complex commands. *

*Scoring for the MMSE is straightforward: the maximum possible score is 30 points, with higher scores indicating better cognitive function. Generally, a score of 24 or higher (out of 30) suggests normal cognition. Scores between 19 and 23 may indicate mild cognitive impairment, while scores of 18 or below may indicate moderate to severe impairment. However, it's important to note that these cutoffs can vary based on age and education level, and the test should be interpreted within the context of the individual's baseline capabilities. *

*In contrast to the MMSE, other tools like the Generalized Anxiety Disorder 7-Item Scale (GAD-7) and the Beck Depression Inventory are primarily used for assessing anxiety and depression, respectively. These conditions can also affect cognitive function but are different from the cognitive decline typically seen in dementia. The Clock Drawing Test is another quick screening tool that can be indicative of cognitive impairment but is less comprehensive than the MMSE. *

*Therefore, for a comprehensive assessment of Mr. Sanchez's cognitive status, particularly to evaluate for possible dementia, the Mini-Mental State Exam is the most suitable choice among the options. It allows healthcare providers to objectively measure cognitive impairment and helps in guiding further diagnostic and management strategies.

NEW QUESTION # 49

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