AANP-FNP Questions & Learning AANP-FNP Mode


FNP practice exam AANP with questions with Complete Solutions

diabetes can contribute to pregnancy induced HTN - ✔...

hold assistive device (like cane) on opposite side - ✔...

sickle cell, thalassemia and leukemia can all cause - ✔hepatosplenomegaly - but IDA wil not

VSD sx - ✔cyanosis and poor feeding - murmur is heard in tricuspid area

Down's syndrome patients can have - ✔congenital heart defects, seizures, eye issues, hearing loss, obesity - NOT failure to thrive

hyperinflation of lungs can be seen on chest X-ray in patients with asthma - ✔...

Kerley's B lines on X-ray indicate - ✔Pulmonary edema

Depo provera can cause - ✔menstrual irregularities and amenorrhea

when rx hormones, consider fam hx of what cancers - ✔uterine and breast

nuva ring does not affect menstrual cycle - ✔...

implant can help with cramps - ✔...

itraconazole - oral - ✔...

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>> AANP-FNP Questions <<

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exam practice test questions contain the real and updated Nursing AANP-FNP exam practice test questions.

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q88-Q93):

NEW QUESTION # 88
A 68 year old male patient is dehydrated with nausea and vomiting. The abdominal pain radiates to the back. He has a normal diet and family support. What is the best differential diagnosis?

- A. Peptic ulcer disease.
- B. Pancreatitis.
- C. Diverticulitis.
- D. Large bowel obstruction.

Answer: B

Explanation:
Peptic ulcer disease is one potential diagnosis for a patient with abdominal pain, nausea, and vomiting. However, the typical presentation often includes localized pain in the upper abdomen without radiation to the back. The symptoms can be worsened by meals, and alleviated by antacids, which does not fully align with the patient's symptoms as described.
Pancreatitis is another possible diagnosis, particularly fitting in this case due to the age of the patient and the nature of the symptoms. Pancreatitis often presents with severe pain that radiates to the back, coupled with nausea and vomiting. The fact that the patient's diet is normal and not a contributing factor, along with the reported dehydration, supports the likelihood of pancreatitis. Pancreatitis can be caused by gallstones, alcohol use, and other medical conditions, but it can also occur idiopathically, particularly in older adults.
Diverticulitis typically presents with pain in the lower left quadrant of the abdomen, occasionally accompanied by nausea and a change in bowel habits, but less commonly with vomiting and back pain. The patient's symptoms do not strongly suggest diverticulitis, particularly in the absence of changes in bowel habits or localized left-sided pain.
Large bowel obstruction could present with abdominal pain, nausea, and vomiting, but would more likely also involve changes in bowel movements, such as inability to pass gas or stools, and abdominal distension. The description of pain radiating to the back is less characteristic for large bowel obstruction.
Given the age of the patient, the symptomatology of severe pain radiating to the back, and the associated nausea and vomiting without specific dietary triggers, pancreatitis emerges as the most likely diagnosis. It is important to consider this condition seriously due to the potential complications and the need for prompt treatment to manage symptoms and prevent further damage to the pancreas. Further diagnostic tests such as serum amylase and lipase, and imaging studies like abdominal ultrasound or CT scan, would be warranted to confirm the diagnosis and assess the severity of the condition.

NEW QUESTION # 89
Which of the following diagnostic tests would not typically be done for a patient with primary hypertension in stage 1?

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

Answer: D

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 # 90
When taking a patient's past medical history you would ask about all of the following EXCEPT:

- A. childhood and adult illnesses
- B. dietary patterns
- C. TB test
- D. surgeries

Answer: B

Explanation:
When taking a patient's past medical history, the healthcare provider generally focuses on gathering information that directly pertains to the patient's medical conditions, treatments, and overall health status. This typically includes inquiries about:
Childhood and Adult Illnesses: Understanding a patient's history of illnesses, both in childhood and adulthood, is crucial. This information helps in recognizing patterns of chronic or genetic diseases and provides insights into potential future health risks or ongoing management of existing conditions.
TB Test: Information about tuberculosis tests is relevant as TB is a critical infectious disease with potential long-term health implications. Knowing whether a patient has been tested, and the results of those tests, can significantly affect clinical decisions, especially in managing immunocompromised patients or those with symptoms of tuberculosis.
Surgeries: Knowledge of any past surgical interventions provides insights into the patient's medical history and can impact future healthcare decisions. Details of surgical history, including the type of surgeries and their outcomes, are essential for a comprehensive understanding of a patient's current health status and potential complications.
Dietary Patterns: Although knowing a patient's dietary habits can be helpful, especially in the context of nutritional assessments or chronic diseases management (like diabetes or heart diseases), it is typically not part of the core past medical history. Dietary patterns are usually discussed within the scope of a psychosocial history, which examines lifestyle factors and social determinants of health that can influence a patient's well-being. This includes the patient's eating habits, exercise routines, and other lifestyle choices.
In summary, while childhood and adult illnesses, TB tests, and surgeries are integral components of a patient's past medical history, dietary patterns are generally classified under psychosocial history. This distinction is important for organizing the patient interview and ensuring that the most relevant information is gathered efficiently to inform medical decision-making.

NEW QUESTION # 91
Your patient complains of a sudden onset of palpitations and dizziness. The ECG shows peaked QRS complex and p waves are present, with a HR of 155. This is known as which of the following?

- A. mitral valve prolapse
- B. paroxysmal atrial tachycardia
- C. atrial fibrillation
- D. none of the above

Answer: B

Explanation:
To diagnose and understand the ECG findings and symptoms described, it is essential to first interpret the ECG characteristics and relate them to clinical manifestations. The ECG shows a rapid heart rate of 155 beats per minute, which falls under the category of tachycardia. The presence of p waves indicates that the atria are still being activated in a regular manner, which helps differentiate the type of tachycardia. The description of "peaked QRS complexes" can be somewhat ambiguous but typically might suggest high amplitude or sharp QRS complexes, which are not commonly seen in tachycardias originating above the ventricles (supraventricular tachycardias). However, in this context, it seems to imply a distinct, clear QRS complex, suggesting that the ventricles are being activated in a normal fashion, pointing away from ventricular tachycardias.

Based on the symptoms of palpitations and dizziness accompanying the fast heart rate, and given that the ECG shows a tachycardia with recognizable p waves and normal QRS complexes, the most likely diagnosis is Paroxysmal Atrial Tachycardia (PAT). PAT, also known as Paroxysmal Supraventricular Tachycardia (PSVT), is a condition where episodes of sudden, rapid heart rate originate in the atria or atrioventricular node. These episodes can start and stop abruptly, hence the term "paroxysmal." In PAT, the heart rate typically ranges from 140 to 250 beats per minute. The presence of palpitations (a sensation of the heart racing or pounding) and dizziness (which can result from decreased cardiac output due to the rapid heart rate) aligns well with this diagnosis. The treatment options for PAT include maneuvers that stimulate the vagus nerve such as carotid massage, as well as pharmacological interventions with calcium-channel blockers or beta blockers, which help slow the heart rate and control the rhythm.
In contrast, other conditions listed such as atrial fibrillation, which is characterized by an irregularly irregular rhythm and absent p waves, and mitral valve prolapse, typically associated with mid-systolic clicks and potential regurgitation murmurs on auscultation, do not fit the ECG findings or the patient's presentation in this scenario.
Therefore, the correct diagnosis in this case, given the ECG findings of a rapid heart rate with clear p waves and peaked QRS complexes, along with the clinical presentation of sudden onset palpitations and dizziness, is indeed Paroxysmal Atrial Tachycardia.

NEW QUESTION # 92
Your assessment of a patient reveals a speech disturbance in which the patient is unable to comprehend spoken words and phrases. This is known as which of the following?

- A. Broca's aphasia
- B. global aphasia
- C. fluent aphasia
- D. nonfluent aphasia

Answer: C

Explanation:
The correct answer to the assessment of a patient who reveals a speech disturbance characterized by an inability to comprehend spoken words and phrases is fluent aphasia, specifically linked to an issue in Wernicke's area of the brain. This condition is also known as Wernicke's aphasia.
Wernicke's aphasia arises from damage to the posterior section of the superior temporal gyrus in the brain, which is crucial for language comprehension. Patients with this type of aphasia typically produce speech that is fluent-grammatically correct with normal rate and intonation-but it often lacks meaning or is filled with nonsensical words and phrases. This is because while their ability to produce speech remains intact, their language comprehension abilities are impaired.
Additionally, individuals with Wernicke's aphasia may demonstrate difficulty in repeating phrases or naming objects, which is a reflection of their inability to process language correctly. Despite producing fluent speech, they often do not understand spoken language directed at them and are unaware of their own errors in speech.
It is important to differentiate this from other types of aphasia such as Broca's aphasia, where patients typically have broken speech but retain better comprehension, or global aphasia where both production and understanding of language are severely affected. In clinical assessments, recognizing these differences aids in pinpointing the specific areas of brain damage and tailoring appropriate therapy and interventions for the patient.

NEW QUESTION # 93
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