

Exam AANP-FNP Questions Answers - Realistic Reliable AANP Family Nurse Practitioner (AANP-FNP) Dumps Ebook Free PDF

AANP FNP certification Exam Questions and answers, 100% Accurate. Rated A

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 - ✓✓III first time audible, IV first time thrill

Fundal height 12 weeks - ✓✓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? - ✓✓Iron, TIBC

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

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

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

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

6 month old closed anterior fontanel. - ✓✓XRAY

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

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q50-Q55):

NEW QUESTION # 50

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

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

Answer: B

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 # 51

Which of the following would indicate that you should refer your patient with psoriasis to a dermatologist?

- A. moderate flexural psoriasis
- **B. generalized pustular psoriasis**
- C. mild scalp involvement
- D. involvement of 10% of trunk

Answer: B

Explanation:

When determining whether to refer a patient with psoriasis to a dermatologist, it is essential to assess the severity and type of psoriasis. Among the types, generalized pustular psoriasis stands out as particularly severe and warrants immediate specialist consultation.

****Generalized pustular psoriasis**** is a rare and severe form of psoriasis characterized by widespread pustules on top of inflamed and reddened skin. This condition can be life-threatening and requires prompt and specialized care to manage not only the skin symptoms but also potential systemic complications. The acute nature of the disease, potential for rapid progression, and the systemic inflammation often associated with it are the primary reasons why referral to a dermatologist is crucial.

In comparison, ****mild scalp psoriasis**** typically involves less severe symptoms and can often be managed with topical treatments and primary care follow-up. This form does not usually necessitate a specialist referral unless it is refractory to standard treatments or is causing significant distress or impairment to the patient.

Similarly, while conditions like ****moderate flexural psoriasis**** or involvement of less extensive areas (e.g., less than 20% of the trunk) might be uncomfortable and require careful management, they do not usually require the immediate attention of a dermatologist unless they fail to respond to initial treatments or significantly impact quality of life.

Other conditions that typically merit referral to a dermatologist include ****extensive psoriasis vulgaris****, which covers a large area of the body and can severely affect a person's physical and mental well-being; ****incapacitated elderly clients****, who may have other comorbidities complicating the psoriasis management; or ****subacute psoriasis****, which represents a significant and often uncomfortable manifestation of the disease.

The decision to refer to a dermatologist should also consider the patient's overall health, the psychological impact of the disease, the

risk of complications, and the potential need for advanced therapies that are beyond the scope of primary care. Effective collaboration between primary care providers and dermatologists is crucial in ensuring comprehensive care and optimal outcomes for patients with severe or complicated psoriasis.

NEW QUESTION # 52

The procedure used to diagnose atherosclerotic lesions or thrombi in the coronary vessels is which of the following?

- A. MRI
- B. stress test
- C. nuclear stress test
- D. coronary angiography

Answer: D

Explanation:

The correct answer to the question regarding the procedure used to diagnose atherosclerotic lesions or thrombi in the coronary vessels is "coronary angiography." This medical test is pivotal in the field of cardiology, particularly for assessing and diagnosing heart-related conditions.

Coronary angiography involves the use of X-ray imaging to see your heart's blood vessels. During the procedure, a type of dye that's visible by an X-ray machine is injected into the blood vessels of your heart. The X-ray machine rapidly takes a series of images (angiograms), offering a detailed look at the inside of your blood vessels. If there are any blockages, irregularities, or changes in the blood vessels, they will be visible on the angiogram.

This procedure is particularly effective for identifying atherosclerosis, a condition where the blood vessels become narrowed due to the build-up of fatty plaques. This can lead to reduced blood flow, which can cause chest pain (angina), heart attacks, or other serious cardiac conditions. Coronary angiography is also instrumental in identifying blood clots (thrombi) that can obstruct the coronary arteries and disrupt the normal flow of blood to the heart.

Beyond diagnosing blockages and blood clots, coronary angiography is utilized to evaluate other heart conditions. It can be used to assess heart valve function, detect congenital heart defects, and evaluate the performance of the heart's chambers and walls. The detailed visualization aids doctors in planning appropriate treatments, which may include stenting, medications, or surgery.

While other tests like stress tests, MRI, and nuclear stress tests can suggest problems in the heart's function and blood flow, coronary angiography provides a direct and detailed view of the physical state of the coronary arteries. This is why it remains the definitive test for diagnosing structural heart diseases, particularly those involving the coronary vessels.

NEW QUESTION # 53

A mother brings her 4-year-old son into the clinic for a routine checkup. The mother complains that the child misbehaves and will not listen to her no matter what she does. The FNP suggests a "time out" for the child when he misbehaves. Which statement in regard to a "time out" for children is most accurate?

- A. "Time outs" should not be used until a child is at the age of reason.
- B. The "time out" should last for at least 10 minutes.
- C. The child should sit still in the "time out" for as many minutes as his age in years.
- D. The child should be allowed to do something constructive during the "time out."

Answer: C

Explanation:

The concept of "time out" as a disciplinary method for children is one based on the principle of removing a child from an environment where inappropriate behavior has occurred, thereby giving them time to calm down and reflect on their actions. The effectiveness of this method lies in its simplicity and direct association with behavioral correction. When considering how long a "time out" should last, the general guideline suggests that the duration should correspond to the child's age - one minute per year of age. This recommendation is based on developmental appropriateness, ensuring that the punishment is neither too lenient nor overly harsh for the child's emotional and cognitive abilities.

For a 4-year-old child, as in the scenario provided, a "time out" should therefore last for four minutes. This time frame is sufficient to serve as a reminder of the consequences of misbehavior without causing undue distress or anxiety. During this time, it is crucial that the child is seated quietly without engaging in any activities such as reading or drawing. This lack of stimulation serves as a part of the corrective experience, emphasizing the pause from regular activities and creating a distinct contrast to normal play or interaction times.

The purpose of having the child sit still without distractions is to help them internalize the reason for the "time out" and to recognize the significance of their previous actions that led to this consequence. This method helps in fostering self-regulation and understanding

of the impact of one's actions on others. Activities or distractions could undermine the effectiveness of the "time out," reducing its impact as a disciplinary measure.

It is essential, however, for parents or caregivers to explain to the child both the reason for the "time out" and what behavior is expected going forward. This explanation should be done calmly and clearly before and after the "time out" period to reinforce learning and correction. Understanding the reasons for consequences is crucial for the child's developmental learning and emotional growth.

Overall, the use of "time out" focused on the age-appropriate timing and conditions promotes an understanding of boundaries and acceptable behavior in a manner that respects the child's developmental stage. This approach not only helps in managing behavior at the moment but also aids in the broader aspect of character formation and social adaptation as the child grows.

NEW QUESTION # 54

Your 19-year-old male patient has extreme mood swings and has been diagnosed with bipolar II disorder. He has been taking medication prescribed by his mental health specialist and is participating in psychotherapy. He comes to you for evaluation, telling you that he feels much better and wants to end his treatment. You would tell him which of the following?

- A. that he can stop his medication slowly but must go to therapy for a while longer
- B. that you will do some bloodwork to check his condition and then see what must be done
- C. that he must be weaned off the treatment slowly
- **D. that he has a lifelong condition that must be addressed with lifelong treatment**

Answer: D

Explanation:

The most appropriate response to your 19-year-old patient who wants to end his treatment for bipolar II disorder would be to explain that bipolar disorder is a lifelong condition that requires ongoing management. This includes the potential need for lifelong treatment. It is crucial to communicate that feeling better is a positive sign but does not signify that the disorder has been cured. Bipolar disorder is characterized by alternating periods of highs (hypomania) and lows (depression), and treatment is typically aimed at managing symptoms and preventing the recurrence of mood episodes. Medications and psychotherapy play a critical role in this ongoing process. It is important to clarify that while medications help stabilize mood, psychotherapy provides tools and strategies to cope with life challenges and mood changes.

Additionally, you can explain the risks associated with abruptly stopping medication. For many patients, discontinuing medication without proper guidance can lead to a relapse or worsening of symptoms. A gradual tapering off, under the supervision of a healthcare provider, might be considered if it aligns with a long-term treatment strategy developed by the patient's mental health specialist.

It would also be beneficial to conduct some follow-up assessments, such as blood work or psychological evaluation, to gain a better understanding of his current health status and to ensure that the treatment plan remains effective and safe.

Lastly, emphasizing the importance of continued engagement in psychotherapy even if medications are adjusted is essential. Ongoing therapy can provide support, education, and coping strategies that are vital for long-term management of bipolar disorder.

Encouraging participation in support groups or psychoeducational sessions can also be helpful for both the patient and his family to better understand the nature of the disorder and how to support his journey toward stability.

Overall, it's crucial to support your patient in recognizing the chronic nature of bipolar disorder and the importance of a sustained, comprehensive treatment approach to maintain his health and quality of life.

NEW QUESTION # 55

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